SECOND SKIN

BY

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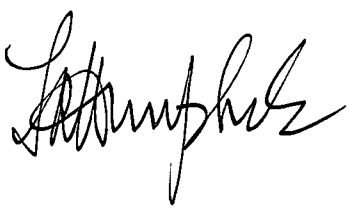
Signed:  Date: 20/5/04

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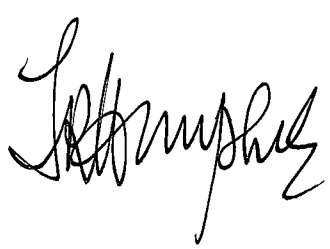
Signed:  Date: 20/5/04

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TABLE OF CONTENTS

ABSTRACT

The project examines the textile component of surgical dressing – the bandage. My search for the *meaning* of bandage has concentrated on three main areas: the performance of care in relation to bandage, the concept of bandage as a metaphor for healing, and bandage as an object that signifies both absence and presence.

I found textile, with its capacity to convey meaning, to be the most appropriate medium to make the intangible 'seen' or 'felt'. Bandage has an alliance with the body where its ability to temporarily replace skin, together with its ability to record, absorb and imprint from the body, makes it suitable for the construction of bodily memory. These characteristics have been deliberately intensified through the scale of the artwork.

A survey of long-term wearers of bandage revealed an array of personal thoughts and feelings of personal physical and emotional conditions. The data provided the primary focus for the work. This was further informed by a study of the history of bandage that revealed a history shrouded within literature on ancient dressings and colonial medicine – as well as those of textile and cultural origins.

My bandages were created from gauze, cotton, linen, silk and hemp, as well as many synthetic fabrics that were either woven or non-woven. The fabrics have been dyed with natural dyes that I have extracted from the bark of Tasmanian trees, and commercial synthetic dyes, before being painted, stitched and sutured. They were then moulded with glues and varnishes. In my interpretation of the bandage experience, I have endeavoured to unravel the impalpable and unseeable effects and implications of wearing bandage. I have represented the effects as a void within each of the three dimensional textile bandage husks. This space was created with the aim of allowing

viewers time to reflect on their own experience of bandage as well as the experience of others.

These textile wrappings are second skins, vessels of remembered experience assembled in the format of a collection.

An investigation into bandage, its reception and impact in relation to the human body and represented as art through the medium of textile.

INTRODUCTION

This is a study with bandage as the primary subject and, as such, the study concentrates on bandage presence, its appearance and impact on the individual victim and others. In my search for the meaning of bandage, I have scrutinized the relationship and performance of bandage to the human body. I have considered care and healing, and the presence of what is unseen and unseeable, together with that which is visible.

Bandage in this project, unless otherwise specified, is the most basic of all bandage – a strip of cloth or occasionally a triangle bandage, consistent with the apparent versatility and value of these shapes in respect to bandaging the human body. Bandage as a product of textile origins is intertwined within the history of mankind. The frequent absence of it being mentioned in historical accounts is not evidence of its non-existence, but it appears that its importance is overlooked. Similarly, bandage rarely rates in conversations with bandaged persons, perhaps for the same reasons. There could be many reasons, for example, reluctance to disclose feelings and fear, concerns for others' feelings, worrying others unnecessarily, or the unknown extent involving the bandage incidents. What is unseen, together with the circumstances of what is unknown regarding the cause and effect of that prevailing condition, generally has priority over what can be seen. Bandage therefore is the signifier of what lies below – the injury, wound and thoughts of the bandaged person.

Technically, bandage exists as the appliance that holds a dressing or healing substance, or as a means of maintaining the position of wounded or damaged parts of the body (Bishop 1959, p. 13). It exists today for the same reasons as it has existed throughout history.

Physically, a bandage acts as a support, or indeed, an extra skin for damaged parts of the body. It controls spewing membrane and seeping fluids, when skin is unable to perform these tasks. Bandage acts as a metaphoric skin. Bandages have existed as bravery badges, as mementos of heroic deeds, of battle or of death defiance.

French artist, Orlan, who used plastic surgery as performance art where the body is the site (Moos 1996), used her blood on bandages as self-portrait material. Within my visual project, strips of cloth or bandage materials have been manipulated by many techniques to hide or reveal, attract or repulse, or to intrigue, which draws a parallel to bandages acting as shields in the hiding of deformity. The Elephant Man's (Campbell 1994, p. 22) body deformities both attracted and repulsed the viewer.[1] Bandage as object became a psychological barrier as well as a physical barrier that was of dubious value as it also drew unwanted attention to the deformities that were concealed. Bandage symbolises care. The bandage is a fundamental support to the healing process, and is a visual signifier of care by those committed to protecting and sustaining life. Absence of bandage would reveal a wound or injury, demonstrating neglect, or lack of care. It may be worn for protection either on a wound or injury or to prevent such an occurrence. Bandage also signifies the presence of a carer who may be ever absent subsequent to furnishing the bandage. This was highlighted (by absence) in the questionnaire responses, where fear of the unknown, of future outcomes, and closeness to death were expressed. These were obvious concerns. Few respondents mentioned the carers, doctors or nurses that had attended to their body's needs. I also sensed a degree of pessimism at being in bandage from most of the respondents, although all lived to tell of their experiences. However, through time and their sense of having healed, they had 'moved on'. Memories also healed and obscured the worst of the experience. The subjects of my study had ultimately survived their

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[1] Ian Campbell communicates the experience of illness through the arts in *Through Elephant Eyes*, 1994, where he explores the story of Joseph Merrick's life through artistic interpretations.

ordeals and the urgency of the situations involving them in bandage appeared to have passed, lost in time.

The role of bandage is broad. Bandage cloth has particular importance in the support of life, from basic first aid through to post-operative applications, a bandage is physically an aid. It immobilises or protects the body, and its use is often restricted to a specific part of the body. In practice, a bandage generally conforms to the shape of the body part, and the cloth of the bandage is often imprinted with the stain, smell, and remnant waste shed by the body. Ambiguities exist within the subject of bandage and focus attention on its many roles and associations. On the body, bandage can absorb, repel, separate, obscure and support at any one time, while acting as a protection. It is also an undecidable. It appears to belong to one genre, as a protector to a wound or injury; however, as a strip (or triangle) of cloth that in my work is an art material, bandage is capable of communicating information consistent with a traumatic experience. Derrida (Jeffries 2001, p. 7) referred to 'undecidable' as something that crosses the border of description and genre. Sarat Maharaja suggested questioning a textile garment as an indeterminate – as a sign, where cloth is powerful in suggesting something else, and questioned whether textile art was comprehended as a chameleon figure of undecidable (Jeffries 2001, pp. 7-8).

The purpose of the study is to provide a compilation of information focusing on bandage from which I interpret and create artwork relating to the human body. My chosen medium for this project is textile, and the artwork consists of sculptural pieces reflecting my interpretations of the survey questionnaire findings. The artwork is created with textile materials that are primarily bandage materials, either ready-made bandage or fabrics that have in the past or may in the future be utilized in the production of bandage. Within the visual research, a bandage may resemble a body form, appear as a container, and be perceived as a metaphoric skin, or it may communicate an

understanding to the person experiencing the artwork thoughts of another's misfortune, and be an experiential reflector of one's own bandage incidents. Then again, it may present merely as the extraneous residue of an action.

Cultures and civilisations with demonstrable bandage practices include the West generally, as well as Australian Aboriginals, Ancient Egypt and China, and these have been included in the investigation. Within the Ancient Egyptian culture, bandage wrapping of dead bodies also demonstrated care in the preparation of the body for the afterlife. This was not concerned with the preservation of lives, but with life in a spiritual context, the preservation in death and preparation for eternal life (Public Broadcasting Service 2000). Bandage cloth, resins and wrapping techniques aided the process of embalming to achieve artificial mummification. Ultimately, it too demonstrated care.

The Chinese custom of foot-binding, which continued into the last century, was believed to improve the chances in life for the female child so inflicted, demonstrating what I consider to be a patriarchal self-serving view of the female subject.
My project researches the meaning of bandage through a personal, as well as a collective account of bandaging as a signifier of the preservation of life and also relating to care in death. Bandage as a wrapper hides evidence of its need while it intensifies attention and predicates concern. In position on the body, bandage acts as a mediator in the preservation of life. A significant part of the project concentrated on the integrity of its existence in the context of its historical, contemporary and future roles.

In my analysis, had I been able to attend and interview subjects in a fracture clinic, or in the acute stage of bandage requirement, I anticipate there may have been more reference to carers, along with a greater sense of urgency that could have manifested as stress in the victim. Ethical consideration meant this level of engagement 'in the

field' was not feasible. Through observations of early stages of bandage situations, inevitably a different body of work would have eventuated. My project lies further along the time line of injury and illness than I had originally anticipated would be the case. It no longer relies on the turmoil of the action, but rests on the cusp of recovery, or the memory of bandage experience.

Substantial information for the project was gained from the responses to the survey through the preparation and administration of the questionnaire to participants (see Chapter 1 and Appendix A). Through the sentiments of people's experiences as relayed either as bearers of bandage or as carers, I anticipated sufficient data to interpret the findings through the medium of textile, as artwork. I have researched individual contemporary artists (Chapter 3) and their chosen ways of working to expand on my previous knowledge. I have explored their methods and techniques together with their ways of communicating meaning through art. Artists working with fibre, textiles, sculpture or installation have been my focus. My study of bandage as object, where it signifies both absences and presences, compares with the ways many contemporary artists are working. By investigating and comparing and contrasting other artists engaging in similar ways of working, I have grounded my work within the realm of contemporary practice (see Chapters 3 & 4).

My project, fuelled by textile experimentation, combined with knowledge gained through historical research (Chapter 2), and questionnaire responses (Appendix C), exists as a basis for interpretative expression for my artwork (Chapter 4) demonstrating both absences and presences (Chapter 4).
The significance and value of the compilation is yet to be proven; however, I have not been able to find a similar study. This project on bandage experience, combined with an historical component as background information to the production of a visual art outcome, appears to be unique.

CHAPTER 1

CONTEXT AND METHOD

Dictionaries generally give the meaning of bandage as a fabric used to cover a wound, or to hold a dressing in place, and 'to prevent infection of a wound, or to apply pressure to control bleeding...' *Triangular bandage* is the most popular bandage and can be made by cutting a 40 inch [100 centimetre] square of muslin or any similar cloth in half diagonally, making two triangular pieces. It will hold a dressing or splint in place on nearly any part of the body... roller *bandage* is made of light cloth, such as gauze... *four-tailed bandage* is a strip of cloth cut so that it forms two tails at each end. It holds dressings on certain parts of the body, such as the nose or chin... adhesive *compress* is a commercially manufactured bandage that may be applied to very small wounds. Bandage compress is a small square of gauze presewed to a strip of muslin. The bandage compress ties on, also mentioned are *rubber bandage, elastic bandage* and *plaster bandage* (World Book 1990, Vol 2, p. 75).

Bishop (1959 p. 13), stated: 'To deal with all the ramifications [of dressings] would be a task almost as great as the history of surgery itself', which is itself aligned to the history of humankind. This project deals with one small section of surgical dressing – the bandage. Research to support the project has embraced cultural, scientific and medical sources; however, the project is developed solely from the perspective of visual arts practice and from survey results.

Background

As background to this project, I have explored various aspects of bandage. The investigation has included mummification and foot-binding and the Australian Aboriginals' alternatives to cloth bandage, which are detailed in Chapter 2 together with historical background to medical bandage. Physical aspects of bandage incorporating associations with bodies, skin, wounds, dressings and sutures, and

resultant immobilization, inconvenience and involuntary rest are detailed later in this chapter as part of the questionnaire survey findings. Various non-physical effects of bandage, including emotions such as those associated with care, trauma, and loss associated with accident or injury, have influenced the creation of my artwork.

Survey

As this project is an intra-societal inquiry, I chose to use the method of survey as a basic tool to investigate these issues. The Social Sciences Ethics Sub-Committee approved the survey (Appendix B).

Information was gathered through the strategy of a questionnaire. The target audience comprised previously bandaged persons, and basic information was voluntarily provided. Other information was gathered from informal talks with carers and people with backgrounds in medicine and nursing, and eligible persons with memories of their feelings and thoughts during past episodes of being bandaged. Second-person information through interviews with the medical profession has also contributed to the primary research. These included doctors, nurses, paramedics, and carers – all experienced in people care, and considered to have useful general and specific information on bandage and the bearer of bandage.

The importance of gathering information by questionnaire allowed details to be recorded in a written form and subsequently revisited. Persons responding to this type of information gathering can tell as little or as much as they choose. While the questionnaire relies on the subject filling in information, it is also dependant on the subject taking the time and effort in returning the completed exercise.

The ages of respondents ranged between 10 and 90, and experiences varied from past childhood accidents to recent operations. Therefore some incidents were as remembered from a long time ago, whereas others spoke of their recent experience while still recovering, or living with a current change or long-term alteration to personal circumstances.

Survey Questionnaire

The questionnaire (Appendix A) was designed as a starting point for dialogue between the artist and the person responding anonymously to their experience of bandage. I created the questions to elicit qualitative information and perceptions of a personal nature from respondents to fulfil these aims and to be able to consequently express the subject matter in artistic terms. The question set needed to stimulate discussion.

The first question requested information from the individual about the reason for bandage. This was asked to ground each individual response, from which to launch further relevant questions. Initiating response detailing the beginning of the relationship of the person to their bandage was expected to give an indication of their attitude to the wrapping and wrapped section of their body. In Question 2 acceptance or rejection of bandage and the circumstances could enlighten me on the accidental, or self-inflicted or planned breach of the skin surface of their body. The memory of the person, or indeed their willingness to impart information was queried in Question 3 when subjects were asked about pain and anxiety. Responses to this questioning were expected to give some description, and lead into an account of medical attention [Q4].

I then reverted to bandage psychology – inquiring further about their attitude to the bandage by asking whether there existed an emotional sense of healing [Q5a], and checking the degree of acceptance or rejection of the bandage by asking whether bandage presence restricted activity [Q5b]. I further questioned the mind-set of the bandaged person toward their personal frustration, approval or resignation to their bandage. This revealed any strong feelings, whether negative or positive, with which they tolerated the intrusion of bandage into their life.

Encouraging the respondent to share what they felt was happening beneath the bandage allowed for an imaginative possibility in regard to what was felt but remained unseen [Q6]. I hoped for both truth and colourful description. What they knew and could feel or their interpretation of such, could not be seen or felt by any other person, as it was an internal happening. Question 6 tested their internal responses of thought and feelings, which proved a valuable contribution to the project.

In Question 7, I checked whether the respondents' exhibited evidence of sensitivity to their own position of being bandaged and to others' reactions to their bandage incident. As such, I felt I could assess how their self-esteem was faring. By inviting the persons to describe their feelings on the removal of the bandage, I hoped to encourage further information as to the status of their bandage. I expected to gauge acceptance, levels of value and degrees of security or insecurity associated with the removal of the skin support that is bandage [Q8].

The questions were integral to the further understanding of a person's experience with bandage, and their personal information was expected to add to my knowledge on the subject and therefore inform the artwork.

Method of Questionnaire Interpretation and Analysis

Eighty questionnaires were photocopied in three batches of thirty, twenty and thirty. Twenty-five of those were handed to peers following a meeting of Postgraduate and Honours candidates and staff of the art faculty I attended. Persons outside this group who had offered information were also given a questionnaire. These included friends, peers, students, relatives and some contacts arranged by them. The overall response was judged on the number of returned questionnaires. These totalled thirteen, which was less than expected. Subsequent approaches yielded information by way of conversations that provided adequate details from which to construct an additional

eighteen responses. Known bandage incidents that I was able to recall and record with some help from family members added another seven responses. Four other works grew from statements overheard – one at a hairdressing business, two while shopping and one outside the local post office. Two episodes of haunting bandage description and detail were told in the third person and recorded by myself shortly after the conversations concluded. These yielded positive detail to case studies project pieces 9 and 13. Six additional people have told me of significant feelings and thoughts during past experiences, with less information than would have been achieved from them completing a questionnaire.

The total of possible pieces could be fifty-two as I am aware of two exceptional bandage stories yet to be written down and returned to me. Thirteen questionnaires were handed back to me from people who have never experienced bandage, and therefore were not appropriate to the study. I am unable to account for twenty-seven questionnaires and their return is not expected twelve months on.

Deductions from Data

My primary concern was to react as soon as possible after reading the questionnaire response. I acted on the significant points of each response to obtain a fresh approach for each interpretation. For those that had to be kept, without immediate artwork responses, I recorded details of my immediate ideas and evaluations and possible interpretations as 'artist responses' in two journals [J2 & J3]. Questionnaire responses are recorded in order of acceptance. Two A3 size pages were allotted to each response, with several extra pages every eight or ten cases, for reflection and additional information.

Additionally, I found myself mentally coding the responses to the questionnaires to one or other of two groups. One group consisted of those with similarities, and were generally less flamboyant. The other group contained all those either floridly detailed responses or those

with some distinct difference, creating an appeal and challenge for making art. Some respondents described dramatically only the major point of their bandage experience. Others described situations of discomfort, dependence, helplessness and pain. An unexpected response to those two groups has been in relation to the colour of the pieces developed in association with the two groups. It appears that I have responded in colour to the most dramatic, sad and debilitating individual case studies and, for most of the less flamboyant cases, I have created pieces predominantly in colours of white or cream. Descriptions of physical and psychological states, impressions and recollections were revealed in the responses to the questionnaire. I am aware of some female and some male respondents, but they have not necessarily been identified as such. The gender of some of the other respondents remains unknown, and is irrelevant within this project.

In the final assessment of the respondents' replies, a general lack of urgency or immediacy was detected in the tone of the replies. I define this as complacency after the event, or a dulling of memory of the experience of wound or injury. Nevertheless, the information within the replies detailing causes, effects and outcomes have achieved a satisfactory starting point to the artwork. Therefore, the questionnaires' responses, while lacking a sense of urgency that I had initially anticipated, enabled a detailed understanding to the level required to satisfy my creative intentions.

Artwork Concepts and Background

I have drawn on knowledge gained from observations and experiences together with supporting research to inform artwork. Aspects of the human body, including cycles within life and death, decay and residual wastes, have informed previous work. However, this project alludes to the human body through a focus on bandage, an external influence. Researching the concept of bandage seemed a logical extension, with the notion of bandage as a skin. The challenge was to allude to the unseen mind and senses, or to interpret thoughts in a tangible form,

added interest through the possibility of constructing bodily memory as a visual discourse.

The physical and psychological aspects of anonymous human subjects in bandage situations have informed the outcomes of this project's visual research. The process for making this artwork is loosely based on the process of bandaging, using various common bandaging materials and other non-conventional textiles, in many assorted methods based on the printing, moulding and dyeing of textile. Deconstruction and re-assemblage of fabrics have also been utilized in the creation of the textile, which was centred on ready-made bandages and woven cotton fabrics, and included firmly woven cottons and assorted other weaves including crepe and gauze. The ever-increasing numbers of synthetics, woven and non-woven, from which medical bandages are currently produced, were incorporated into the experimental work.

Personal Background

I have not experienced a long-term bandage, sutures, or anything more than a large bandaid. (Since beginning this project, I have experienced a small suturing and a covering synthetic adhesive dressing.) I have no medical training or substantial knowledge of medicine. My limited experience in this field was gained during twelve months employment as a receptionist in a medical general practice.

Observations

As a way of gathering data, I used chance sightings to add to the knowledge gained in the survey. As the domain of the bandaged person is generally one requiring some confinement, frequent resting or restricted movement, chance observations in public places such as shopping malls, chemist shops and close proximity to doctors' surgeries and hospitals became prime zones of observation. Knowing that I could always visit the general hospital thereby increasing the chance of encountering the bandaged, I decided to let chance take its course for the first 12 months. This proved sufficient, as I made record

of twenty-eight bandaged persons sighted during that period. With many observations of bandaged persons remembered from past employment in a doctor's surgery, a shop close to a hospital, and several banks, I believed I was prepared to commence the practical research based on bandage.

From the strategy of chance observations, I discovered that the majority of the general public were inclined to watch a bandaged person. Although not a 'pretty' sight, the bandaged person nevertheless attracts people's gaze, in a similar way to the spectacle of the *Elephant Man*, as told in *Through Elephant Eyes* (Campbell 1994).

Influential Material

My research into bandage began with information revealing the more unusual use of bandage within cultures. Egyptian mummy binding, Chinese foot-binding and Western society medicine and surgery, provided background information on past uses of cloth bandage. Cloth bandage is only one form of bandage. Within the medical field plaster bandage has been used to set breakages, plastic to replace skin over wounds, and non-woven synthetic fabrics are increasingly being used as slings where once strong cotton triangular bandage would have been the most suitable material. For various reasons and beliefs, other fibres and paper have also been used as bandage (see p. 23).

Exclusions within the Project

All the uses for bandage chosen to be included in this project were associated with the giving of care. Headdresses, cranial swaddling, bondage and taping as a preventative measure have all been considered for inclusion in the primary research; however, they exist outside of the parameters of this study.

Headdresses, head-binding

As such, those cultural examples excluded were turban headdresses, as they originate from scarves, and were associated with religious practices. I have chosen not to include head binding, such as the Sikh headdress, as my investigation did not find them to have been called

bandage. They are turbans, 'formed from scarves' (World Book Encyclopedia 1990, Vol. 17, p. 455). Headdress is done for religious reasons, as could be argued in the case of the mummies of Egypt, but the Sikh wrapping of the head does not make a long term physical change to their body, and also has not been imposed as a result of injury. Primarily worn to satisfy a religious belief, a change can be made if the subject does not wish to wear the cloth on their head.

An Ethiopian custom of cranial swaddling is mentioned only as a past minor usage of bandage material outside the medical field, and was only used for a few short months of a baby's life when memory of the event could not be ascertained. This act produced an elongated shaped skull on the offspring that was a source of parental pride in Ethiopia. It is another example of bandage custom outside the medical purpose, and it is a tradition that has been largely abandoned, according to guide Getenet Akalu, and reported by Sorrel Wilby (1995 p. 186) in her book *Africa*, after encountering children subjected to this practice, during a trek in Africa's Simian mountain range.

Bondage

The bandage as bondage for sexual restraint was also considered. Bondage is not exclusive to any one culture and the bandage is only one of many possible restraints used. Bondage by bandage cannot be considered as long-term bandaging and therefore is excluded as a major part of the investigation.

Taping

Bandage is mentioned within practical guides concerning the application of dressings and techniques of taping to prevent sporting injury. They explain 'how to' rather than 'what, when and why'. Sports bandage has grown out of necessity and has become a fashion statement. Co-ordinated team colours are used in some preventative bandaging, and the Australian colours of green and gold were observed in various bandaging products available during the Sydney Olympic games. These were available throughout Australia. A bandage worn with pride may express some psychological advantage

in the form of a gladiatorial image of superiority, and also demonstrate connection with and support for a country or team.

It could be imagined that the bandage could be exploited as a site of advertising in the future. Brand name bandage could follow current clothing fashion trends.

CHAPTER 2

BANDAGE HISTORY: CULTURAL, SOCIAL & MEDICAL

Bandage Evolution

A comprehensive written history of bandage remains elusive. Written historic accounts of a medical nature that give attention to many areas of medical science and specific directions of treatments make little or no mention of bandage or the materials used for bandage. Lyons in Rawls (1978) in the preface to *Medicine: An Illustrated History*, states:

> There are few more fascinating subjects in human history than man's age-long efforts to cure the sick, heal the wounded, and nurse the ailing. Since man first walked the Earth, they have sought to prolong life – with prayer and magic, with natural remedies discovered by accident, and with increasingly scientific modern medicine.

Although implicated in the above, as is often the case, bandage is not mentioned. Bandage appears to have never really had an official beginning. To adequately understand the nature of bandage, one has to ask how and why it came to be. Human beings throughout history have had their own survival as a prime concern and it is realistic to assume that man did not allow blood to flow from wounds unchecked for long before realising that substantial blood loss led to death. Therefore, one can believe that bandage has existed in one form or another since human kind realised the concept and value of care. The first bandage may have been a humble leaf, as suggested by Bishop (1959, p. 15). Assorted cloth derived from many fibres has been used for the purpose of bandage through history. Cloth has been made since Neolithic times, and injury and wounding are recorded on the walls of caves from that era. Bandage, therefore may have preceded language and recorded history.

Written recordings of bandage appear in the 1600 BC Edwin Smith papyrus (believed to be a copy of an even more ancient manuscript circa 3000-2500 BC). It established that the Egyptian civilization was sufficiently organized in the use of strips of cloth for medical

purposes. For example, the treatment in response to a gaping wound to the head – 'Thou shouldst bind [fresh meat upon the first day; thou shouldst apply for him two strips of linen, and treat afterward with grease, honey (and) lint] everyday until he recovers' (Wilkins 1964, pp. 240-244). Two splints were recovered from Egyptian tombs of the Fifth Dynasty, and described by Sir Grafton Elliot Smith in 1908, one made of bark and the other of wood. Both of the splints were bound with linen before they were used. Other appliances, possibly made of linen stiffened with plaster or gum to hold fractures in place, were mentioned in the Edwin Smith papyrus, according to Bishop (1959, p. 22). Entries in the Ebers papyrus, written about 1550 BC and dating back to 3000 BC, and also mentioned by Bishop, detailed many dressings, including ingredients such as 'fly's blood, gall of ox, powder of beans, grease of ox, or ox beef, and dry excrement;' ... 'and it is bandaged therewith for four days' having been a typical remedy' (Bishop 1959, pp. 23-24). Visual evidence of medical bandage from early history is recorded on ceramic pieces and fragments from ancient times (Fig. 1).

Fig. 1
Detail from bowl of Sosias (c. 50B.C.)
Achilles bandaging the wounds of Patroclus...battlefield scene of warriors caring for the welfare of others.
Staatliche Museum, Berlin
(Rawls 1987, p. 163).

Cultural Bandage

The research for Second Skin included some cultural non-medical uses for bandage from three diverse cultures – the Egyptian, Chinese and Australian Aboriginal cultures.

Ancient Egyptians and Mummy-cloth

My decision to include the Egyptian cultural uses for bandage within this study is due to the close association of the medical and funerary industries. Secondly, historical records of bandage date back to the Ancient Egyptian papyri. Additional research revealed that the strips of cloth used to bind mummies were referred to as bandage (World Book Encyclopedia Vol 13, p. 925). Mummification was sacred and details of exactly how it was done were never publicly recorded. The earliest written account (from about 450 BC) was recorded by a Greek traveller, Herodotus (Davies & Friedman 1998, p. 200). The process existed for religious purposes, to preserve the dead body in the belief

that the soul would return to the body in the afterlife. The process involved removing vital organs and draining the body fluids.

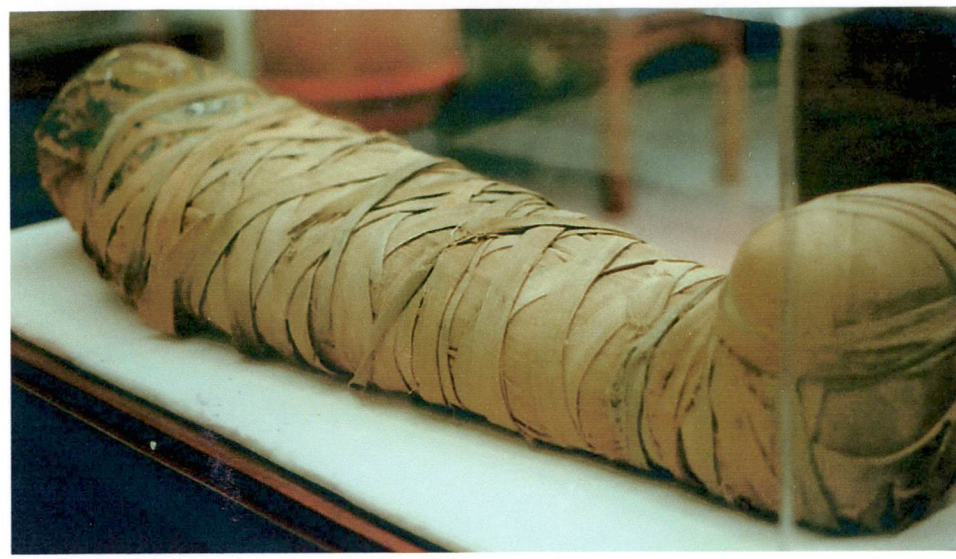

Fig. 2.
Photo of a child Mummy
Nicholson Museum, University of Sydney, 2000
(Photo taken by Trudy Humphries)

The body was anointed with oils and resins, followed by a period of drying that lasted approximately 40 days (Davies & Friedman 1998, p. 202). Gauze, shroud-like wrappings, topped with many metres of bandage bindings[2] were then added (Fig. 2). Finally, the bodies were coffined and entombed.

I have excluded veterinary use of bandage for animals from this project despite the Ancient Egyptian practice of embalming pets as seen in the well-preserved examples at the Nicholson Museum, at the University of Sydney. However, this is evidence of another way bandage has been used by humans.[3]

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[2] [Varying lengths of bandage wrappings have been reported. 30 lbs. of linen – Davies, V., & Friedman, R., (1998) 'Egypt' British Museum Press, London, p. 194; and 'half a mile (0.75 km) of linen wrappings' {ibid, p. 202}].

[3] Visit to Nicholson Museum, Sydney University, June, 2000.

Another unusual direction that bandage has been used is in the recycling of bandage cloth from mummies, where it was used for paper production during the American Civil War.[4]

Chinese Foot-binding

In China, cloth bandage has been used to bind the feet of young girls since before the 10th century A.D. (De Mause 1999, p. 1) in a bid to enable them to be culturally acceptable. The bearer of these bandages endured much pain. The continual rebinding of girls feet prevented normal growth. The aim was to produce 'golden lotus' feet by breaking the bones and causing the front half of the foot to turn under. This led to the mature woman being unable to walk naturally, and to have an unnatural gait, considered sexually attractive to the Chinese male of the era. The 'preserving' of these women was for the man's exclusive pleasure, to be his possession; and was considered to be for the betterment of the woman's position in life (Rawls 1987, p. 121-149).

Foot binding apparently raised the woman's status, making her desirable, but realistically they would have found life difficult in such a handicapped state. It can be imagined that the custom caused inner trauma to the women concerned, together with the inconvenience of a life with an unnatural gait, altered balance and limited mobility, with the added risk of their feet rotting (deMause 1999, p. 1). Personal accounts of the experience of bound feet are limited, as the only living examples are in their very senior years now. The Australian (1/7/2001, p. 13) carried an interview of one woman's story, where she appeared to have lived a hard life, 'raking out an existence begging for cardboard boxes from businesses, and in turn reselling them for a pittance, to enable her survival, as she was unsuitable for general work

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[4] 'With a severe cotton shortage during the American Civil War, Egyptian mummies were imported at extremely low cost, and the mummy cloth unwound and recycled to make paper. (This process was cheaper than buying rags for papermaking in America at that time: 3 cents a pound, approx. 30 lbs per mummy, saw the cost at less than a dollar [American] per mummy)'(Davies & Friedman 1998, p. 194). However, due to a cholera outbreak (believed to be associated to the preserved bodies and surviving disease spores within the locale of the paper mill), the practice of importing mummies for this purpose was halted.

due to the enforced handicap of bound feet'. The practice of the binding of feet in contemporary and commercially oriented China appears to attract no status. The practice of foot-binding was banned by the new Republic in 1912 (Garrett 1994, pp. 92-93).

Australian Aboriginal Alternatives to Cloth Bandage

The Australian Aborigines used bark as splints to set breakages of bones, and clay was used to cover wounds. Spider web has been used by Australian Aboriginals to close wounds.

Bandage Materials

Early Europeans used spiders' webs for closing wounds and, in 1346, English soldiers at the Battle of Cressy were issued with a medical chest containing a box of spiders' webs (Bishop 1959, p. 16). Bishop (1959, p. 16) also noted that other alternatives to cloth wrappings for wounds have included leaves and soft inner tree barks, as used by American Indians. Bark and leaves fit within the contemporary understanding of textile. It appears possible that throughout history the availability of bandage materials influenced their usage. In 600 BC the father of Hindu surgery, Sushruta, wrote in his Samhita about:

> ... the dressing of wounds, and advises that the important art of bandaging should be learned by tying bandages round the limbs and members of full-sized dolls or manikins made of stuffed linen. He [Sushruta] mentions the following materials as being suitable: cloth, manufactured from the fibre of plants, flax, cotton, wool, blankets, silk, leather, Chinese cloth, inner bark of trees, bark of the bottle gourd, tendrils of twining plants, cane or pieces of split bamboo, rope, fruits, blades of knives and plates of metals as gold, lead, or iron (Bishop 1959, p. 24).

However, in the nursery rhyme *Jack & Jill* an exception is noted: 'Jack fell down and broke his crown' ... 'up he got and home did trot' ... 'went to bed and bound his head with vinegar [dressing] and brown paper [bandage]'.

As already noted bandage materials over time have consisted of differing fibre content and are therefore generally identified simply as 'bandage', precluding identification of the actual textile used. Bishop (1959, p. 53) notes that 'among the first [surgical dressings] are simple

dressings, i.e. plain bandages, dressing with water, diachylon, open dressings etc. – those which may be called dressings of the ancients'.

Cloth Bandage

Throughout history, man has shared his life with cloth. New babies are generally wrapped in cloth or swaddling. Their very first non-human skin experience is often with cloth. Cloth is made from fibre, which in turn can be turned into clothing – something we are all familiar with for the whole of our lives. In the past, the dead have been wrapped in a shroud or embalmed in long strips of cloth; today the dead are covered with a sheet. From life to death, cloth has an everyday familiarity, and has predominated as a bandage material. The shapes of bandage have also changed according to practicalities and technological developments, but the triangle bandage and the roller bandage (from a strip of cloth) have prevailed. There are examples in history where many materials and styles have been explored in the pursuit of the ideal bandage (see Fig. 3).

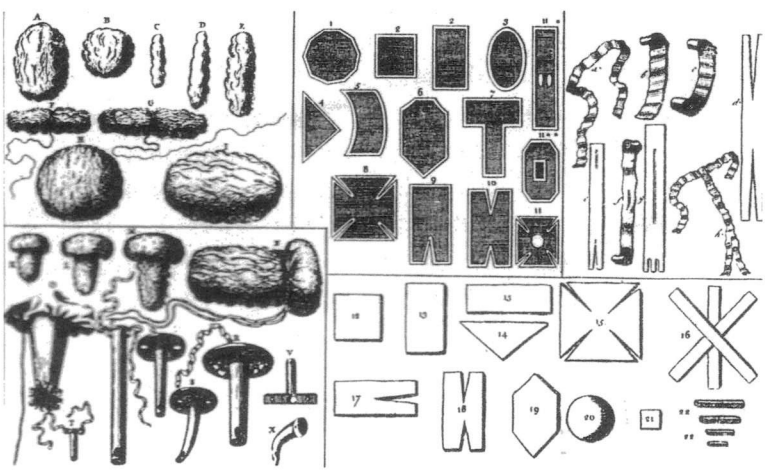

Fig. 3.
Dressings and bandages from Heister's General System of Surgery, 1757.
(Bishop 1959, p. 14).

Advancements in Bandage through History

Modifications to bandage and bandage practices have been occurring throughout history, aligned to the current beliefs and discoveries of the times. Purpose-made bandage, in the form of hand woven bandage was a cottage industry in Britain prior to the industrial revolution. There

are various company accounts of surgical dressings, written for the prime objective of recording company histories and beginning when these enterprises began. In the preface of the company history of Robinson & Sons Limited, Bishop (1959, p. 6) claims that no history of the use and development of surgical dressings [of which bandage is one component] existed before the publication of this book. During the mid 1880s the great advancements in the technique of dressing wounds was due to the advent of antiseptic practice by Sir Joseph Lister (Johnson & Johnson Company History 2001). This, together with the mechanization of textile industry, has seen the production of surgical dressings within factories become commonplace. Surgical bandages, produced from paper were used as a substitute for cloth bandages during the Great War (1914–1918), due to a shortage of cotton (Museum of Victoria, 1999). Bandage has been, and still is, part of all surgical dressings and the 'search for the ideal dressing has been pursued during more than four thousand years of recorded history, and still goes on' (Bishop 1959, p. 86). Travis (1999, p. 1) cites MacPhee (an investigator with American Red Cross in the 1990s) referring to treatment of life threatening blood-loss as having not improved over the centuries and that about half of all soldiers who die bleed to death. Instead of the reliance on the application of pressure, gauze or bandage and the hope of the body's natural ability to stem the flow of blood, MacPhee advocates 'high-tech versions of the traditional bandage'… 'impregnated with concentrated amounts of the natural proteins that form blood clots, the new instruments of healing instead of passive pieces of cloth' (Travis 1999, p. 1). Dressings that donate or absorb moisture to keep the wound at optimum moisture level (Technical Textiles Index 2000) and electrically conductive textiles have been produced to promote healing, reduce pain and assist circulation (Chamberlain 1999, pp. 1-4), and Travis (1999, p. 5) reports 'an effort to develop bandages derived from a substance made by a marine microalga'.

Skin as Bandage

'The concept of artificial skin to replace skin on the human body dates back to at least the late–seventeenth century, during which water lizard skin was applied in wound care' (Leung 1998, p. 1). It is also noted by Leung (1998, p. 1-2) that many possibilities have been explored including, cow collagen, plastic sprays, fresh cadaver skin, silicone based products and cultured skin (keratinocytes) and neonatal foreskin cells, and a newspaper article (*The Examiner* 7 July 2001, p. 42), reported that fibres can be implanted with *Escherichia coli* to feed on odour-causing chemicals and perspiration.

These all could have future application in respect to bandage manufacture or as replacements to currently used cloth bandage when the natural wrapping for the body is unable to do what it normally does best.

CHAPTER 3

ARTISTS AND PRACTICES

> ...we must search amongst the absences, the spaces in between, wherein dwell the elusive places of memory. In these shadowy and sometimes watery spaces there is loss, but there also a passage of light unfolds (Lawrence, quoted in Emmett 1998).

An investigation of the work of contemporary artists who engage with the unseeable, the unseen and presence within absence has helped to position my current practice. Following is a survey of selected artists who have a common purpose while at the same time differ in the diverse intentions of their work. The points of similarity between their works are matched by equally distinct differences. These mark points of departure from which sometimes deeply personal, and sometimes complex conceptual concerns dominate the development of the work. Doris Salcedo, Mona Hatoum, Saadeh George, Judith Kentish, Sarah Lovitt, Montien Boonma, Ann Wilson, Adriana Varejao, Lyn Plummer and Orlan, represent an international cross-section of practitioners who in the last twenty-five years have referenced the body in new and defining ways.

Each of these artists has considered the body as a vessel for human suffering as well as the physical marks that are the outward emblems of traumatic experience. Related to these ideas are the human conditions of vulnerability and resilience, all of which have been investigated in the artwork.

Identity Politics – Race and Religion

Saadeh George and Mona Hatoum have both produced installations depicting the fragility of life. It is work that, in addition, focuses on issues of identity, religion and race. Mona Hatoum and Saadeh George both have middle-eastern backgrounds that give their work a unique quality. Another artist similarly motivated, is the Columbian, Doris

Salcedo.

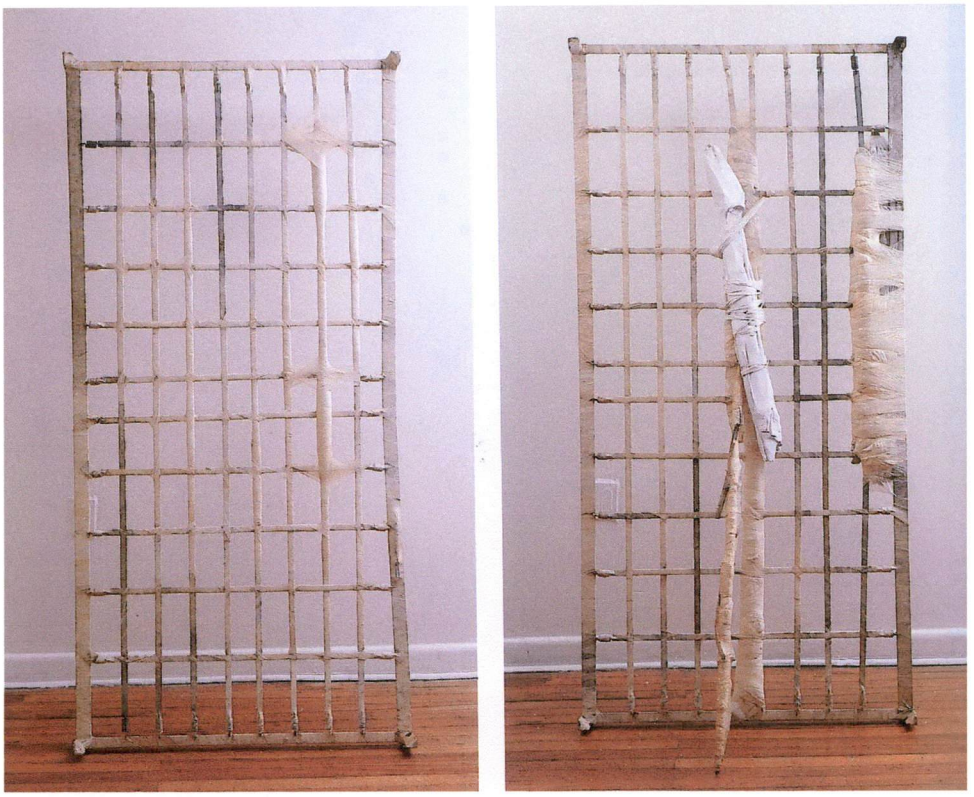

Fig. 4
DORIS SALCEDO, *Untitled,* 1989-90
Steel, animal fibre, plaster
200 x 90 x 8 cm each
(Princenthal, Basualdo & Huyssen 2000, p. 44).

With her first-hand knowledge of the violence and terror in her country, Salcedo sees her work as 'questioning the elements of violence endemic to human nature' (Princenthal, Basualdo & Huyssen 2000, p. 142). The work of these three artists is fuelled by political concerns. The body of the political victim becomes the site of human suffering.

Salcedo's (Fig. 4) furniture pieces are embedded with human hair or clothing and the gridded bed-frames with bandaged, thickened struts. They evoke a sense of the absent body and loss. Salcedo says she chose to use 'materials for their capacity to convey specific meanings' (Doris Salcedo 2000, p. 10).

Doris Salcedo is quoted as saying, 'What the viewers might come to feel, to remember, or to comprehend, is entirely dependent on their internal code' (Princenthal, Basualdo & Huyssen 2000, p. 142).

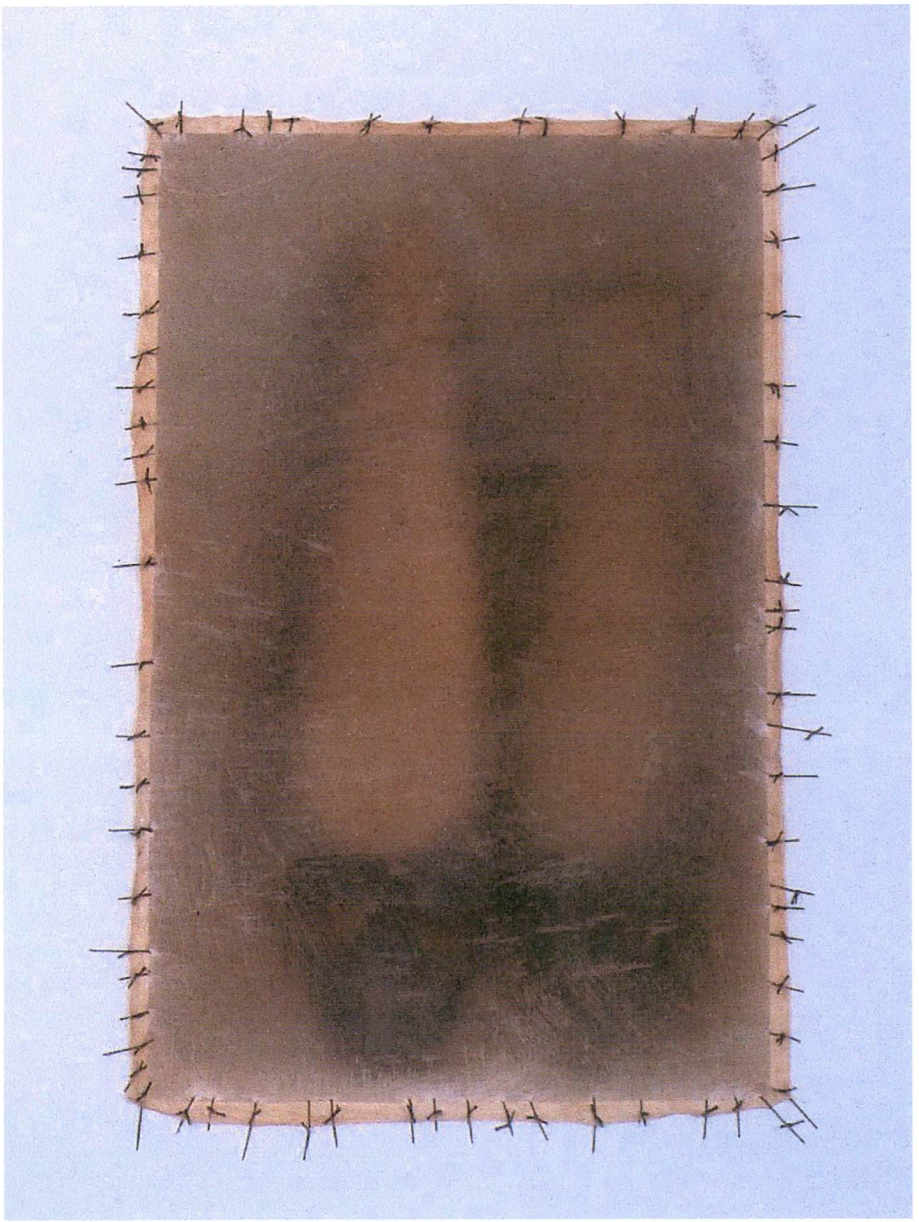

Fig. 5
DORIS SALCEDO, *Atrabiliarios* 1993 (detail)
Wall niches, shoes, animal fibre, surgical thread
Dimensions variable
(Princenthal, Basualdo & Huyssen 2000, p. 53).

Her artwork always suggests a knowledge or experience of the acutely uncomfortable implications of traumatic events. Another work *Atrabiliarios*[5] (Fig. 5) does not show bodily fragments, but various pieces of body apparel and sutures that all suggest torture, violation or pain. The viewer is precluded from any defined action against the body. It is, however, felt.

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[5] Footnote: *Atrabiliarios* 1993.
Described as a 'clouded vision' in a survey by Nancy Princenthal, *Silence Seen*, (Princenthal, Basualdo,& Huyssen 2000, p. 55).

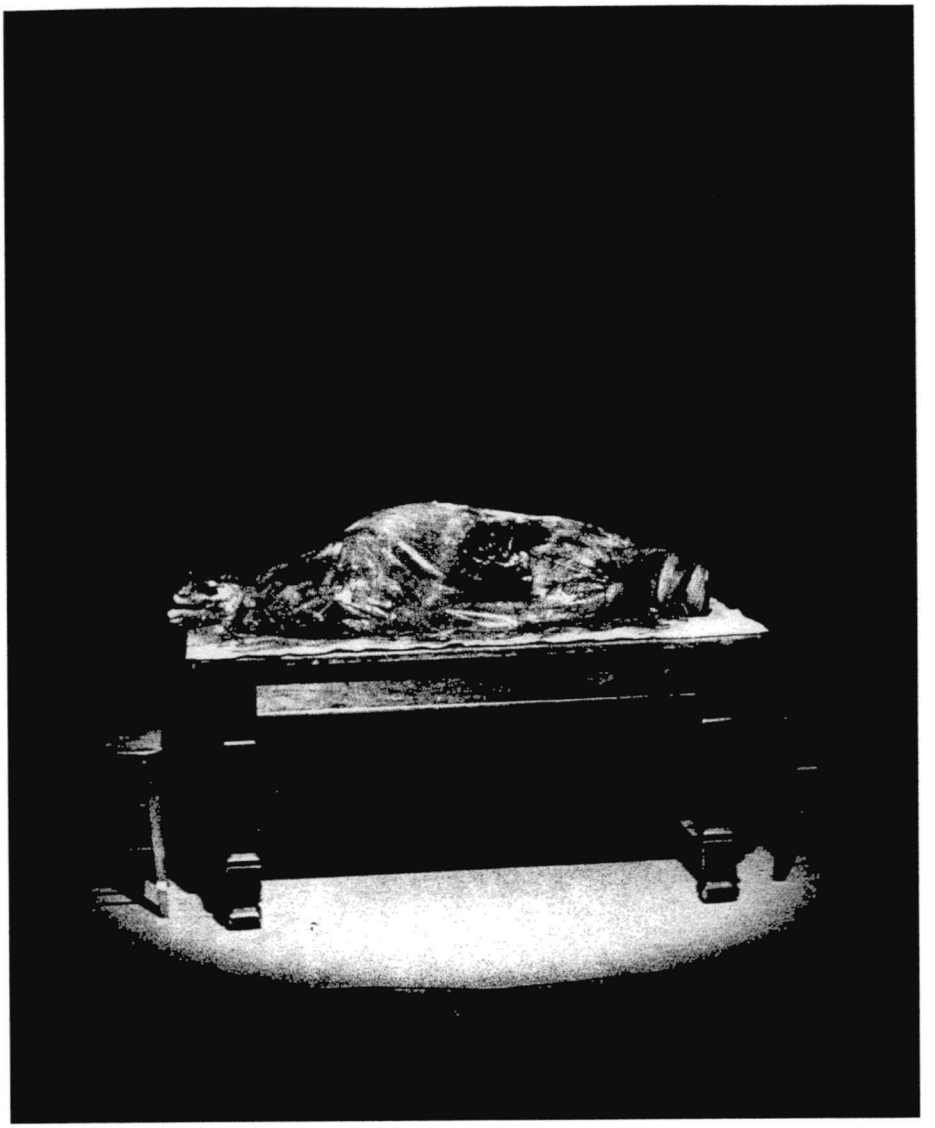


Fig. 6
MONA HATOUM, *The Negotiating Table*, 1983
Live work
(Araeen 1988, p. 69).

Mona Hatoum, a Palestinian, is another who works with thoughts of the 'fragility of life' with her performance works. In 'The Negotiating Table' (Fig. 6) she appears – bound in ropes, and covered in blood, with blood stained gauze on her head, and wrapped in plastic, on top of a table. The dimly lit installation draws the viewers toward the table where they think they will better see the carcass of an animal wrapped in plastic, only to find it is the artist herself. Here, we see the powerful attraction that the suggestion of injury or accident has on an audience.

Fig. 7
SAADEH GEORGE, *Today I Shed My Skin, Dismembered and Remembered*, 1998.
Gauze
30cm x 30cm x 30cm approx.
(Lloyd 1999, p. 127).

Saadeh George has created transparent organic forms resembling body pieces that she likens to the fragility of life (Fig. 7). The pieces pay homage to the painful state of being the *other*, of which she probably would have had extensive experience. She was born an Iraqi, grew up in Lebanon, studied in England, experienced a mixed marriage and practised medicine in a battlefield. Her work tells her personal story. Her recent works *Windows* and *Echoes* in *Today I Shed My Skin: Dismembered & Remembered*, produced in 1998, reflect her physical and mental experiences of change, loss, transformation and integration into new culture, memories and lived experience.

Fig. 8
TRUDY HUMPHRIES, *Second Skin – Cast,* 2000
Plaster, gauze, sutures
1m x 50cm x 30cm
(Photo by the artist).

Containers – Skins and Bandages

A common thread in the work of the three artists discussed above is how the political impacts in physically violent ways on the personal. In the case of Saadeh George, the memory and depiction of pain is part of her personal history. What she leaves behind is her *skin*, the remnant but also the *container* of her physical past.

My work differs from hers in that the origins of my artwork within this project represent major incidents in the lives of others. Despite the similarities in materials, methods and visual outcomes, the scale is different – mine is larger than life. I have deliberately oversized the

work to emphasize the importance of the incident in the mind of the person experiencing the traumatic episode.

I am looking at bandage as a container (Fig. 8). The sculptural forms or 'containers' have been inscribed with (created) bodily evidence to demonstrate restriction and the greater role of bandage in wound care practice. These include the vulnerability and resilience of the body, wounds, injuries and their healing, and the non-physical effects of bandage, including uncertainty and insecurity. My questionnaire research findings confirm that bandages primarily play a role to support the body.

Fig. 9
TRUDY HUMPHRIES, *Second Skin – Piece No. 10,* (detail), 2003
Gauze, nylon, hair, dye & glue
Synthetic & cotton fabric, dyes, glue, hair
2m x 50cm x 50 cm
(Photo by the artist).

At times, illness was present and not obvious until operated on. This often was where the bandage was the only sign. In Piece No. 10, the cancer is a hard lump. It has a large flesh-coloured firm bulge (Fig. 9) and is veiled in soft white gauze to cover what else may exist. Hair is a feature of the surface.

After making this work, I discovered Anne Wilson's *Feast* (Fig. 10 – see below) in which she also uses hair on the surfaces.

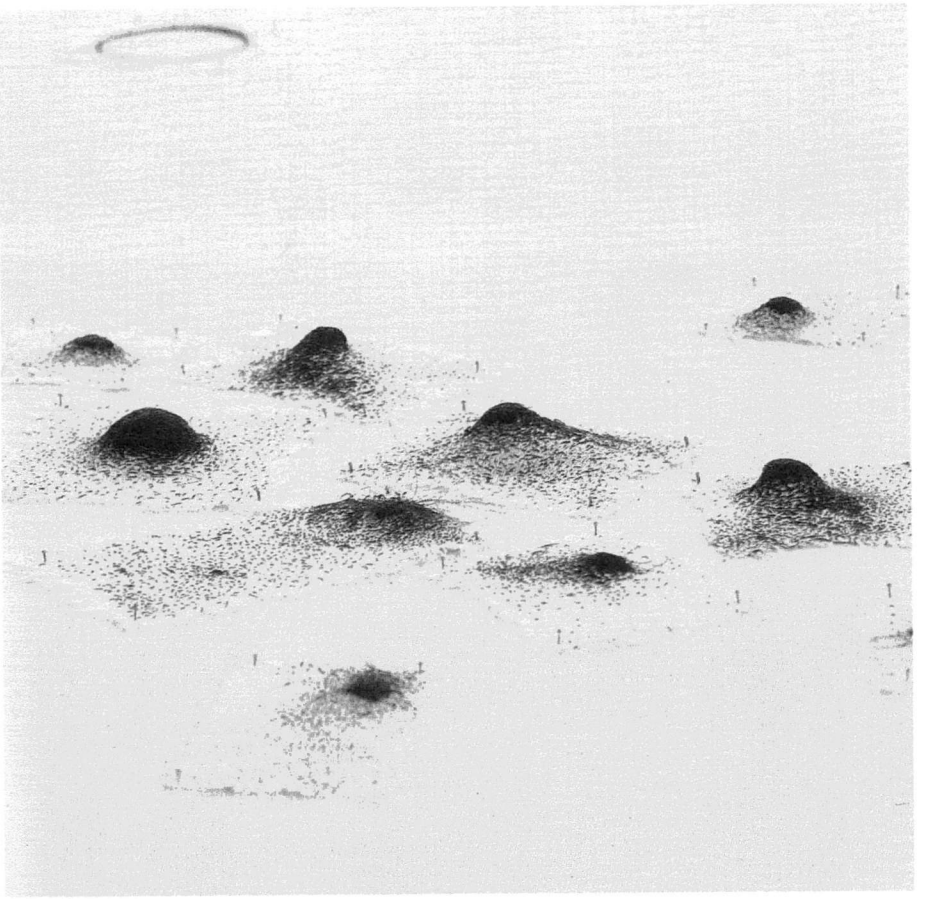


Fig. 10
ANNE WILSON,, *Feast*, (detail), 2000
Hair, thread, cloth, pins, wood table
80 x 168 x 671cm
(Jeffries 2001, Plate 5, p. 64).

While I use cloth to suggest an unseen physical condition (one that exists beyond the surface), Anne Wilson's cloth has *become* the skin. 'The link between skin and cloth is rich and varied and can be traced back to ancient times'. Ferris (2000, p. 41) observes that 'white cloth is metaphorically associated with light, life and health…' Wilson has incorporated stitches of hair onto white linen. This has connected the

surface of the fabric to that of skin, as Sarah Lovitt (Fig. 11) has done with her wax surfaces that have sutures at times appearing to patch the surface, as one would do roughly to a hole in a curtain.

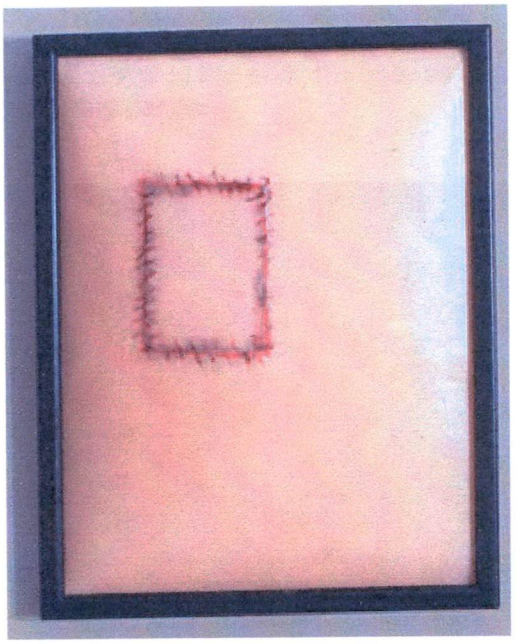


Fig. 11
SARAH LOVITT, *Untitled*, 2000
Poly-fill, nylon and wax in wood frame
29.5 x 23.2 cm.
(Honigman 2002, p. 27).

Although she considers her work 'a type of portraiture', Lovitt's artwork has medical influences, including wounds, scars and sutures, and she enjoys the imperfections physically evident within her work. However, her bodily works are described as '…of death mingled with passion and life' and 'death's ubiquity that trace the volatile conflict between medicine and faith' (Honigman 2002, p. 25-29). I consider that her artwork sits a little further along the lifeline toward death than my current project, which is more concerned with past suffering and the memory of it.

Fig. 12
ADRIANA VAREJAO, *Tilework in live flesh*, 1999
Mixed media on canvas
2 x 1.5M approx.
Museum of Contemporary Art, Biennale of Sydney, 2000
(Photo taken by Trudy Humphries).

The evocation of the memory of suffering is strong in the work of Brazilian artist Adriana Varejao. In her wallpiece (Fig. 12), the ruptured surfaces of tiled wall spilling a membranous-looking interior down onto the floor attracted and simultaneously confused a child when it hung at the Sydney Biennale. Everything is something to a child, so the child asked, 'What *is* that!' I feel sure that the child perceived it as being fundamentally human, while it remained unidentifiable. To me the piece of artwork allegorised human suffering, in the same way that the paintings (see Fig. 13) of Moira Dryer do.

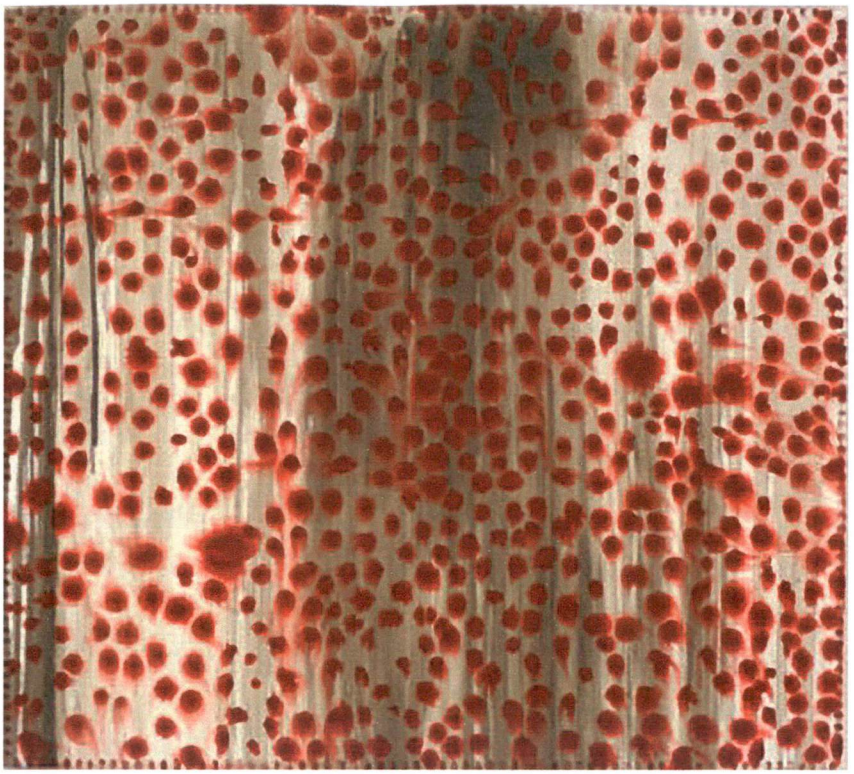


Fig. 13
MOIRA DRYER, *More Random Fire*, 1991.
Acrylic on wood
78 x 86 ins.
(Gorney Bravin + Lee, viewed 24 April 04,
<http://www.gblgallery.com/artists_individual_pages/dryer.html>).

Dryer's personal illness and suffering was felt in the red and black chaos that described her battle for life while dying of cancer. The power of both the Varejao and Dryer images is to shock while also instilling deep thoughts of misfortune and tragedy that are experienced by some people.

Strength and Fragility – The Seen and Unseen

So far, I have looked at work that talks about the suffering of the body. Anne Wilson, for example, 'accentuates holes and worn areas on the cloth/skin with stitching of thread and hair… the holes also allude to wounds, orifices, burns, disease and decay' (Jeffries 2001, p. 41). In my work it is not only the vulnerability of the body but also its strength and its resilience that is implied in the healing process that the bandage represents.

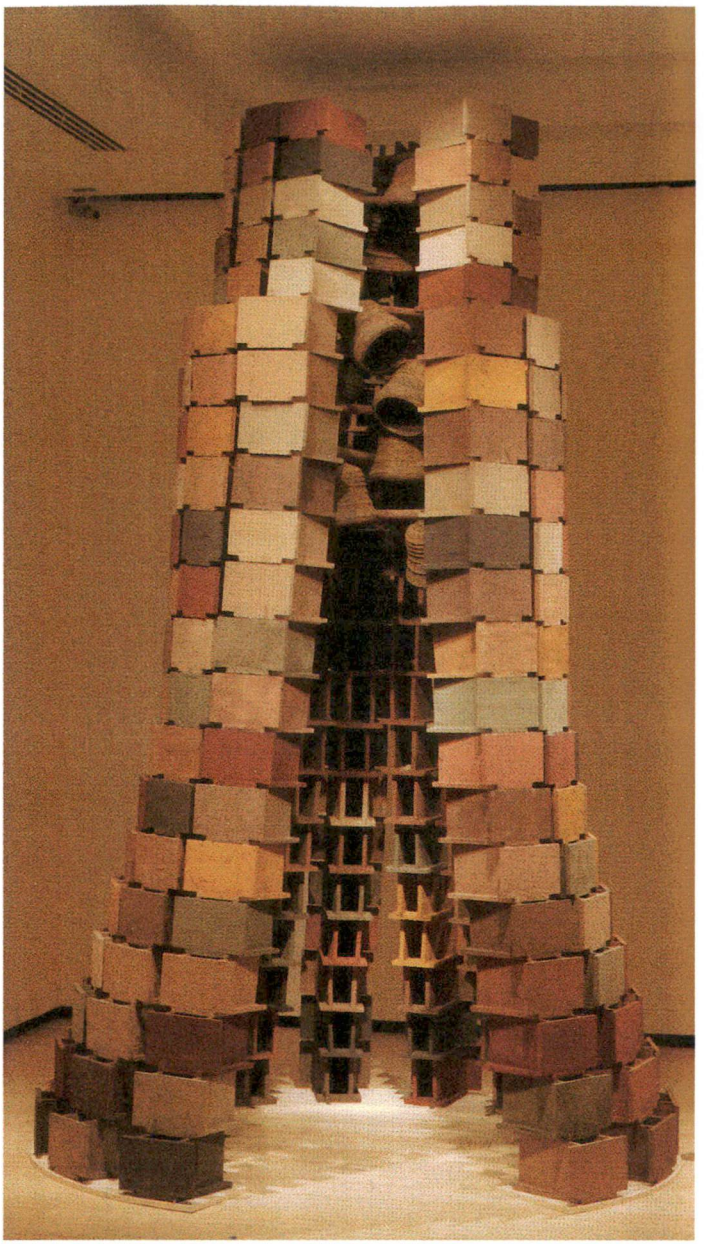


Fig. 14
MONTIEN BOONMA (1953-2000), *Temple of the Mind: Sala for the Mind*, 1995
Wood, brass, bells, medicinal herbs
3m x 2m x 2m approx.
(Heartney 2004, p. 50).

For Thai artist Montien Boonma, however, the body is fragile but it is also the container of something indestructible (Fig. 14). Boonma, who reflected upon the relationship between material and non-material aspects of life, referred to the body as a container for the soul. The sense of foreboding present in Montien Boonma's artwork may well be grounded in the fact of his early death. (Boonma died of a brain tumour at the age of 47 in August 2000.) 'His nearness to death led to a deeper awareness of links between the body and mind. He is known

for his quietly meditative sculptures imbued with the spirit of Buddhism' (Heartney 2004, pp. 50-52).

The soul is indeed unseeable. For some, however, it *is* present. Judith Kentish, in *Silent Infestations* (Fig. 15) deals with forces which cannot be seen, but which give the body life and strength. Throughout the project, I have been drawn to artists whose work depicts the unseen, demonstrating what is absent or invisible.

Fig. 15
JUDITH KENTISH,, *Silent Infestations* (installation detail), 1994
Cloth, wire.
50cm x 35cm x 15cm – each object
(Bamford 1998, p. 120).

Judith Kentish, in her depiction of breath and thought in visual forms made physical work from unseeable subjects. This was also my aim. Combining this understanding of the unseeable – another person's thoughts, with the viewers' existing knowledge should enhance that person's experience of the artwork. In addition, many contemporary artists have queried the perception and the existence of objects that, through familiarity, have become invisible. Objects, invested with many layers of meaning, become the signifiers of much more than can be seen. Although working from a totally different perspective and scale, a work such as Christo's *Pont Neuf* asks us, amongst other things, to believe that what cannot be seen actually exists.

In the work of Judith Kentish, as well as in my current output, we are actually giving material form to that which cannot be normally seen. We are both dealing with making the intangible visible.

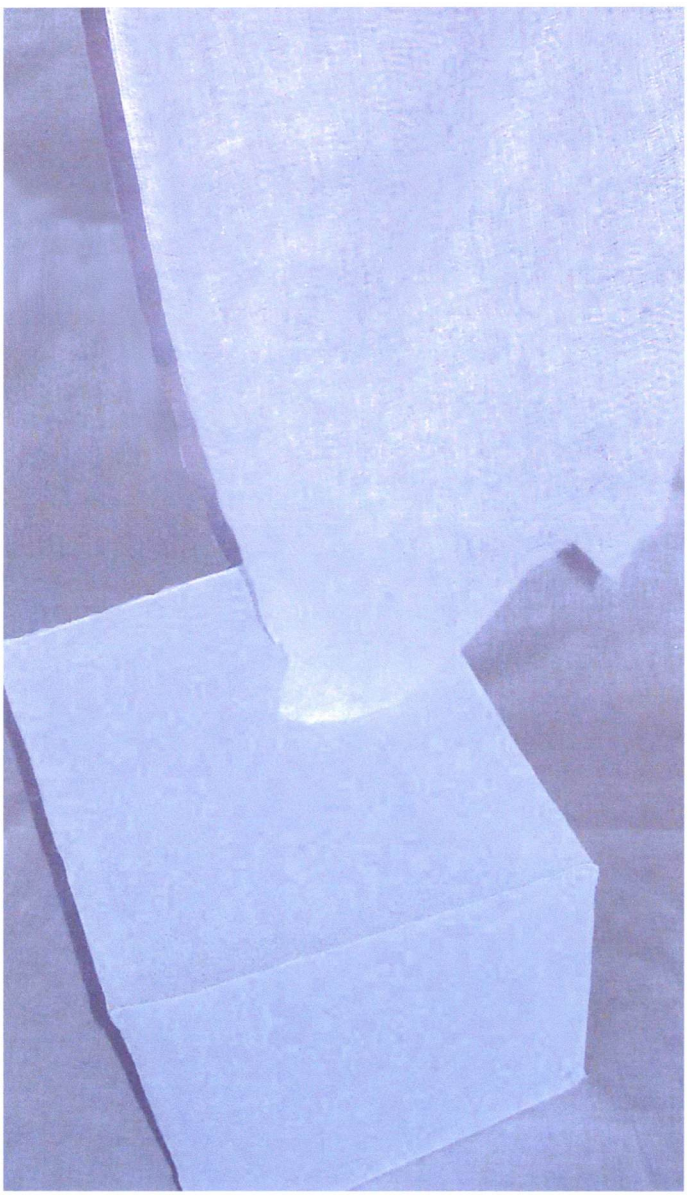


Fig. 16
TRUDY HUMPHRIES, Second Skin – Piece No. 53
Synthetic & cotton fabric, stitch, glue
2.5m x 50cm x 50cm
(Photo by Kevin Humphries, manipulation of image by Greg Leong).

My *Second Skin – Piece No. 53* (Fig. 16) is white gauze hanging above a sheer box. The memory of the respondents bandage incident is mentioned as 'stored within a separate box' and therefore it is not accessible. The box is tangible – nothing is obvious within, so the container and not what is contained becomes the main object.

Fig. 17
TRUDY HUMPHRIES, *Second Skin – Piece No. 6,,* (detail), 2000
Silk, glue, suture thread
2.5m x 50cm x 50cm
(Photo by the artist).

Sutures on the surfaces of my pieces suggest pain or suffering, either physical or psychological. The depth of pain suffered by my survey respondents cannot be truly understood from my perspective. Piece No. 6 (Fig. 17), for example, strongly coloured, is sutured to embody the pain of the operation. With a wound, one 'must also take into account psychological factors that have an influence on healing. Stress, anxiety and depression have been demonstrated to reduce the efficiency of the client's immune system' (Carville 1994, p. 19).
In this Chapter, we have seen how the work of artists who view the body as the site for human suffering has provided a context for my

practice. How these concerns are realised in my large-scale bandages and skins is the subject of the following chapter where theme and how it combines with process is discussed in detail.

CHAPTER 4

ARTWORK

WRAPPINGS AND SKINS

Bandage wrappings remain an outward sign that much may be hidden beneath the outer layer. The unknown gives rise to mystery. The wound beneath the bandage is presumed and acknowledged but not seen. Mystery exists when all is not revealed to one's eyes. In this project, I have made the wrappings to encompass and reference the body, while signifying the mind (Fig. 18 – below). Each textile piece represents the physical and/or psychological state of a bandaged person – their thoughts, feelings and behaviour at a time in their life when the outcome of their condition, and indeed their future, was unknown.

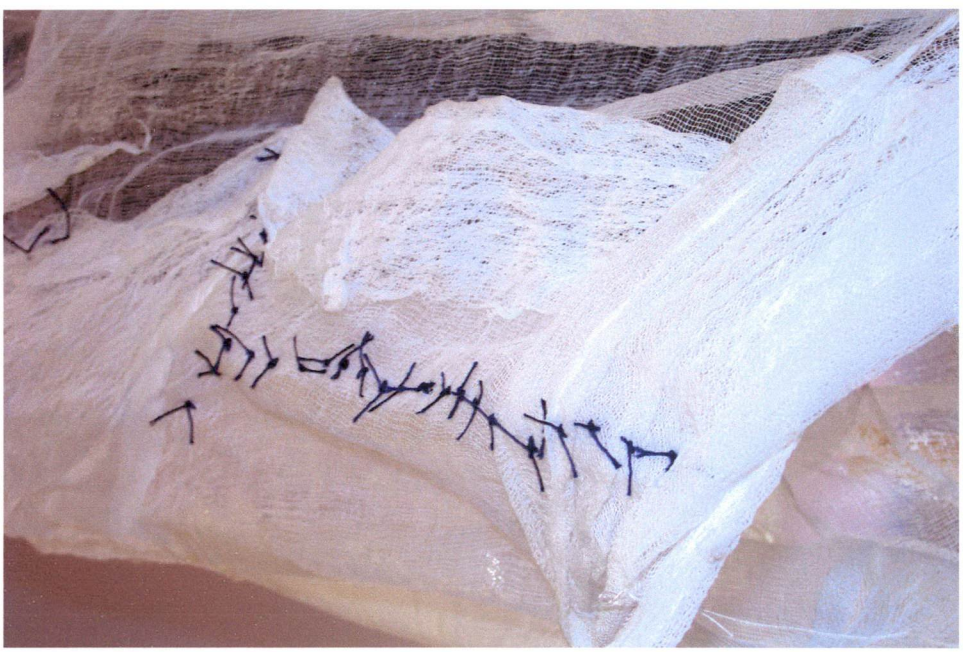


Fig. 18
TRUDY HUMPHRIES, *Second Skin – Piece No. 17,* (detail), 2001
Gauze, glue, sutures
2m x 30cm x 30cm
(Photo by the artist).

Basically, the origin of the artwork represents physically what was recalled from the subject's memory of that time.

> Memory is an information processing system of the brain in which the brain receives a constant flow of details from both internal and external worlds, which is filtered and stored

> during normal waking consciousness to be recalled at some later time, as memory (Grivas, Down & Carter 1999, p. 250).

When either the mind or the body is in turmoil, there is no equilibrium. Minds and bodies can react unpredictably in trauma. Traumatic experience on an emotional or psychological level can manifest itself physically, and cause bodily responses. Movement can appear uncomfortable, abnormal and even distorted.

Fig. 19
TRUDY HUMPHRIES, *Second Skin – Piece No. 4,* (Detail), 2000
Gauze, Procion dye – printed & painted, glue
2m x 50cm x 50cm
(Photo by the artist).

Second Skin – Piece No. 4 (Fig. 19), for example, is large and with twisting fabric, and the respondent had thoughts of their leg

cracking open. Is the unseen mind at times causing the contrapposto, the twisting of the body – ill at ease with itself (Elkins 1999, p. 72) and pushing through the outer layer? I created this piece wondering how powerful the mind could be. The effect visible on a surface may be interpreted as being caused by that which is beneath the surface. The mind lies beyond a surface, behind bandage, and beyond the skin, and could be in charge of the body's reactions.

The memories of bandaged persons have influenced me in the shaping of the forms. They are not visual reports, or portraits, but interpretations of incidents of bandage experience. Similarly, the French performance artist, Orlan, proposed a project involving her skin, blood and gauze, where the gauze (bandage fabric) performs the function of skin in retaining the blood, and forming what is a transitional self-portrait. Her repeated cosmetic surgeries in the context of techno-biological art have been described as creating a nomadic identity (Miglietti 2003, p. 171), in which the last known physiognomic address can never be revisited except in the memory.

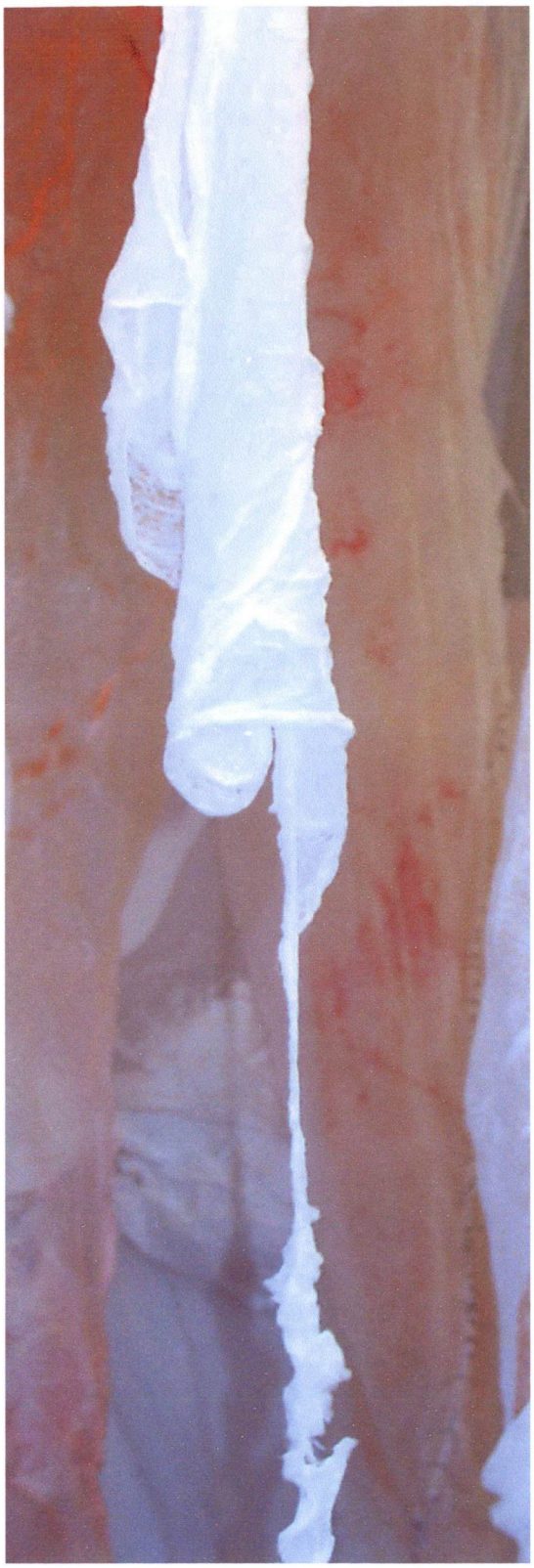


Fig. 20
TRUDY HUMPHRIES, *Second Skin – Piece No. 20, Life – Hanging by a Thread*, 2002
Gauze, glue
2m x 30cm
(Photo by the artist).

Memory, on the other hand, can be entirely selective. The psychological factors behind *Second Skin – Piece No. 20, Life – Hanging by a Thread* (Fig. 20), constructed from white stiffened gauze, were that there was no memory of the accident. The respondent only knew what he was told, and he appeared not to be troubled by that, even to the point of knowing that he had stopped breathing in the emergency department. I created a point of tension in the work to express the closeness to a tragic end.

The following sections give a summary of various aspects of the work, specifically relating to the themes of absence/presence, 'beauty' and memory and to how the work was made, and so give an overview of technical process and choice of materials.

Unconventional Methods

Textile is a complex discipline. It has a strong craft tradition over the centuries in the making of cloth and decorating clothing and furnishings. I have utilized various textile traditions, drawing on my existing skills of knitting, knotting and stitching with those recently explored, including weaving, suturing, printing and embroidery. However, the skills have often been combined with unconventional art-making methods such as the melting, gluing and moulding of textiles. Knowing the possibilities and capabilities of particular textiles, I realised the need to utilize other products to combine with textile to complete the artwork.

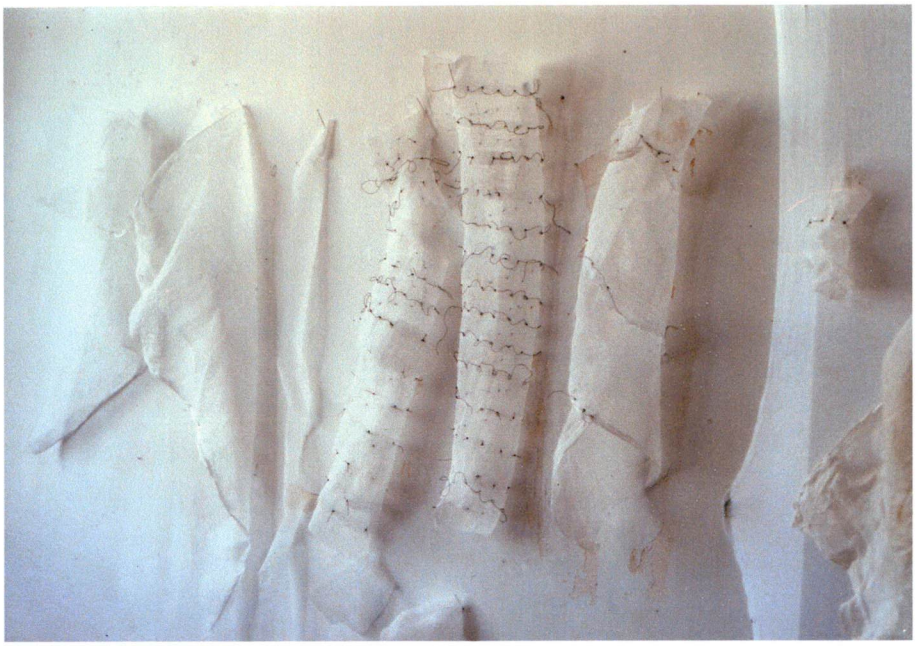


Fig. 21
TRUDY HUMPHRIES, *Second Skin,- Small-scale Samples*, 2000
Gauze, glue, sutures
50 x 20 x 20cm each
(Photo by the artist).

The *Small-scale Samples* (Fig. 21) marked the beginning of the studio work. Working with gauze, (a soft, filmy, loosely woven cotton) and requiring an inner void in each piece, I realised I needed support from other media. Periods of experimentation were required, where testing for compatibility with other materials for the construction of large works was essential. Gravity and the weight of materials affect each piece, and balance is crucial to their self-supporting nature. I required sheerness and opacity, sculptural strength and the ability to withstand variations in temperature and moisture in both winter and summer. There exists a rawness of finish in the work, signifying an interruption to the normal day-to-day life of the bandaged person. I liken this to the viewer being present before visiting hours (prior to the final neatening of the bandages) or after bandage is removed and discarded. The subject, bandage itself, is not often associated with beauty – except perhaps, in the most ironic sense, with Orlan and plastic surgery.

Bodily Memory

The surfaces of the organic forms became the primary site of the body reference, suggesting or confirming the tangibility of the textile forms to read as body fragments, or bandaged body parts. Various pieces

have been constructed of gauze, silk or synthetic fabric, textured or smooth, demonstrating likeness to areas of the body. Some of the pieces have hair, another distinct reference to the body and its cast-offs.[6]

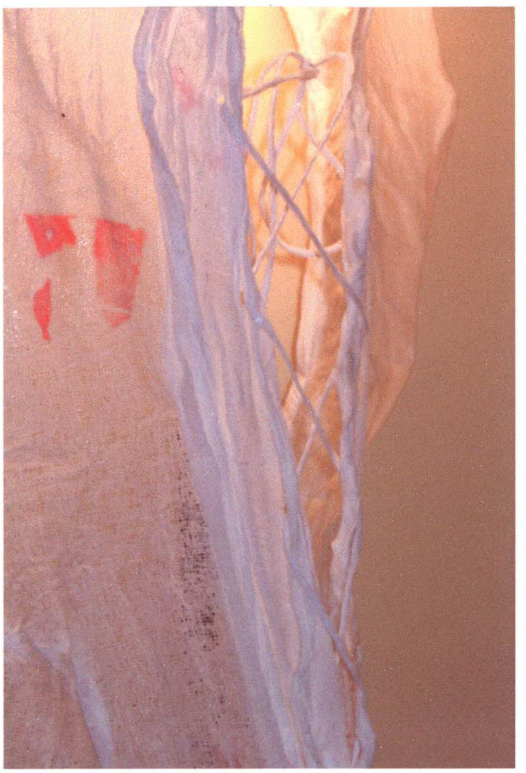
Others have surfaces oozing, damp-looking surfaces resembling those created by Lyn Plummer. Her sculptural textile pieces are of membranous surfaces stretched onto frames. The richly textured translucent surfaces elicited a sense of unconventional beauty and resplendence. I had not consciously been influenced by her treatments of surfaces, but I had prior knowledge of them and rediscovered them after completing several similar surfaces on my works. The body and, in particular, skin were paramount in both her works and mine, despite prevailing contextual differences. The interesting part of Second *Skin – Piece No. 9* (Fig. 22) is that it is strongly red coloured and crinkly, and yet gives a visceral appearance of wetness.

[6] Metaphoric presence of body hair, a body cast-off, or waste.

Fig. 22
TRUDY HUMPHRIES, *Second Skin – Piece No. 9*, (detail), 2002
Silk, Procion dye, glue
1.5m x 30cm
(Photo by the artist).

Body Presence and Absence

Various pieces of the artwork resemble a shed skin. Others, while primarily representing bandage or skin, suggest a likeness to cast off clothing pieces, reflecting and indicating bodily absence, and implying a narrative of probable memory to the cloth.



TRUDY HUMPHRIES, *Second Skin – Piece No. 30,* (detail), *Bound into a Straight Jacket, 2004*
Gauze, synthetic string, glue, dye
1.8m x .4m x .2m
(Photo by the artist).

Second Skin – Piece No. 30 is represented in this way, as the respondent mentioned feeling bound into a straight-jacket (Fig. 23). Residual wastes on numerous other pieces suggest body fluids, and, despite the surfaces being synthetic or in some cases gauze and varying in colour, a sense of body and body casings is evoked.
My artwork also involves lived experience and memories, together with possible change and transformation (either short-term or long-term) of others' circumstances. The description of Sadeeh George's artwork moulded from her own body in gauze or tissue paper given by Lloyd (1999, p. 176), suggests identity and empty shells, and their translucent appearance as 'ghostly materialisations' has a similar connection to the way I project my ideas through textile.

Textile Choices

In the visual research a range of textiles were utilized. They included fine and raw silks, several common cottons including gauze, calico, voile and broadcloth, and hemp. Synthetic fabrics, including curtaining nylons and acetates, and plastics and synthetic felt-like materials were

also used. Glues, varnishes and resins produce scar-like surfaces. Woven and non-woven fabrics have been selected for use, aligning with skin-likeness and similarities within constructed bandage. Pre-stiffened fabrics, such as buckram (generally used within clothing construction to assist limp fabrics as a means of stiffening and adding *body),* were purchased to customize certain appearances. Many of the fabrics used seem to assume body-likeness while others appear alienated to the body. These stiffening fabrics were used in unconventional ways. In some pieces, they appeared by themselves coloured by dye and sutured, while in others they were combined with cotton gauze or synthetic fabrics. Results varied: both organic and hard-edged crisp looks were achieved. Both are synonymous with possible appearances of bandage materials or damaged skin surfaces. These differing appearances have been constructed in this body of work to correspond with the many materials and techniques of bandage practice.

Textiles: Woven to Non-woven

Some bandages comprising individual pieces of artwork have been hand woven to demonstrate an understanding of historical methods, including the cottage industry of bandage making prior to the industrial revolution. However, most of the artwork in this project is of factory-woven fabric. Traditional woven natural fabric, used successfully throughout history for millions of bandages now has increasing competition from synthetic products. Because of recent developments and ongoing research, there is a definite shift toward plastics and synthetic non-woven materials in many areas of industry. Man-made textiles are utilised in areas ranging from geo-textile road base stabilizing fabric, clothing interfacings to bandages and dressing supports, in current times.

Fig. 24
TRUDY HUMPHRIES, *Second Skin – Piece No. 43,* (detail), 2003
Gauze, plastic, dye, glue
2.5m x .5m
(Photo by the artist).

For that reason I have chosen to include various combinations of embedded synthetic non-woven and woven fabrics in individual pieces of artwork. This is used where there is sufficient alignment with the questionnaire information to allow such an interpretation, as in *Second Skin – Piece No. 43* (Fig. 24) where plastic was used for the new, flat shiny skin after a mastectomy. Some of the bandage art pieces are made wholly of non-woven fabric to signify the technological advancement that has resulted in the increasing proliferation of non-woven materials for wound treatment. Plastic and other synthetics have been used in the construction of individual artworks. Some of the pieces have been enhanced by the inclusion of implanted wires, fabrics, threads and fluid dyes. This manner of working was adopted to

represent the technological advancements that are being made towards intelligent textiles being used as bandage in future years.

Fig. 25
JANE WHITELEY, *Large Red Cross, From Within*, 1999
Sewn flat textiles
2m x 1.5m
(Art on the Move, viewed 3June 03< www.iap.net.au/-artmoves /html/exhib/within.html>).

Australian textile artist Jane Whiteley's quilts in *From Within* 1999 (Fig. 25) explore humanity and the power of cloth. I invest heavily in the power of cloth in my own artwork, with notions of human presence co-existing with the obvious absence of body, where I rely on the familiarity that we, as humans, have with cloth to be able to recognise a surface as having meaning. An apparently empty shell can be loaded with meaning.

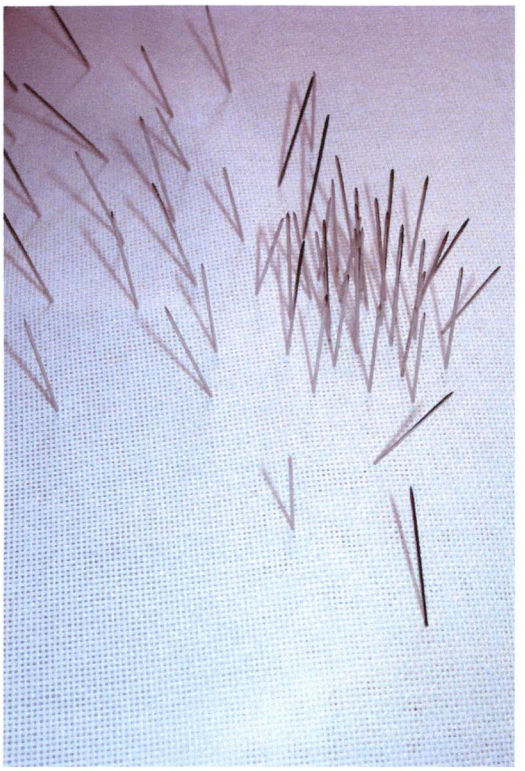


Fig. 26
TRUDY HUMPHRIES, *Second Skin – Piece No. 35*, (detail), 2004
Synthetic and cotton cloth, pins
(Photo by the artist)

On the surface of *Second Skin – Piece No. 35* (Fig. 26) pins are obvious, but inside there appears to be only cloth, to denote that we cannot, as an observer, truly feel what the victim of bandage feels.

Colours – Stain, Pigments and Dyes

Some cloths consisting of natural fibres have been dyed with natural dyes that I have extracted from the *skins* of trees – bark. Only fallen limbs, from black wattle and melaleuca trees on my own property have been used to procure the bark, thus using a sustainable source for the dye-making process. Black wattle bark offers a rich warm brown dye with no mordant necessary and, when the dye is reduced, a much darker effect is achieved. Melaleuca, or tea-tree, produces a lighter, honey coloured dye and, with a mordant of bicarbonate of soda, an enhanced light golden colour is achieved, before further processes are embarked upon.

Further pieces constructed from fabrics of synthetic origins have been dyed and painted utilizing many different techniques using commercial transfer dyes.

Many of the pieces of artwork are of common bandage colour, either white or cream. However, *flesh-coloured* bandage, which is quite unlike most people's skin colour[7] was encountered and used in some pieces. The link between normal skin colour and the sense of nature at work in the healing process is identifiable in some pieces.

Colours that seem unnatural become appropriate for skins that are in transition between disease and health, under the constant and changing influences of medicaments and anti-bacterial agents.

Dyes, paints and various other pigments, boldly applied on subtly coloured fabric surfaces signify areas of injury, inflammation, bruising and various other interruptions and imperfections to the natural skin surface. Stain within the context of this body of work either represents the soiling of bandage or dressings or, alternatively, healing or scarred skin. It may also symbolize a *mind-stain* (sic) or memory of the presence of bandage.

The Void Within

In this project, all of the bandage representations physically support a void within each individual piece. This void (see Fig. 27) exists to activate the observers' senses; it therefore engages their minds toward the empirical truth that is a particular representation from a bandaging incident. The observer and the artist remain at the periphery of the incident that the work represents. At the periphery, the total truth cannot be experienced.

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[7] Because some respondents remained anonymous, skin colour can at best be speculative and within this body of artwork remains my choice.

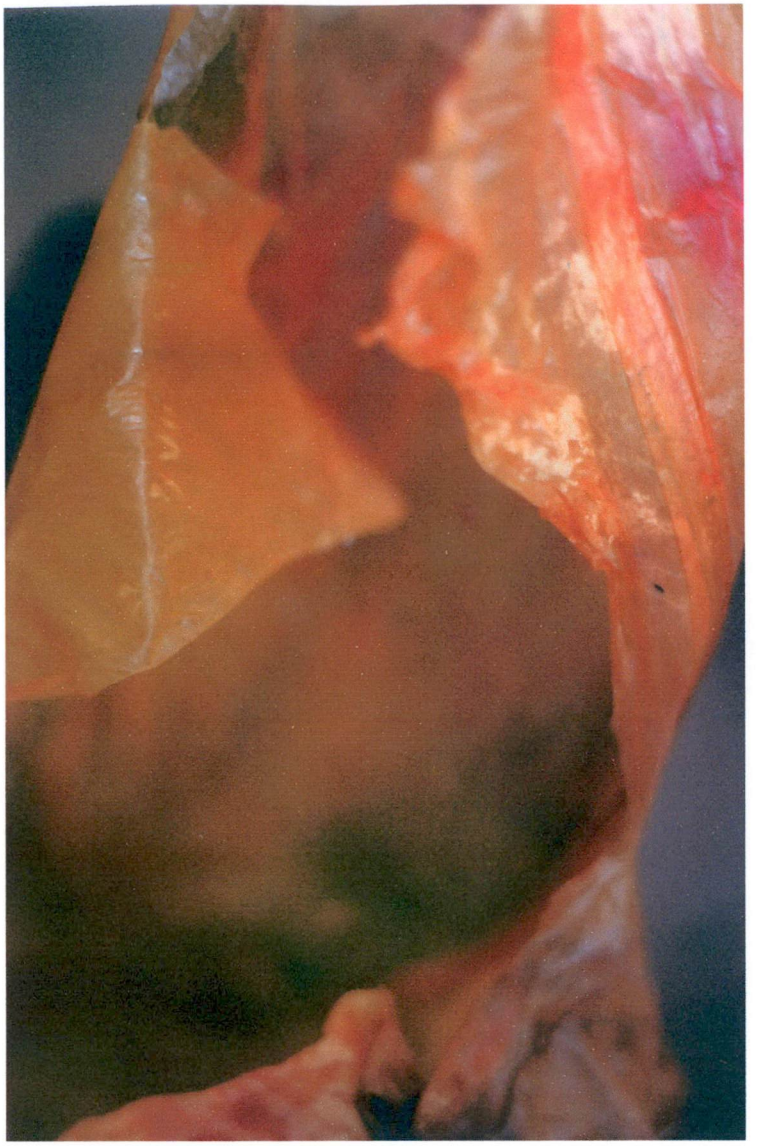

Fig. 27
TRUDY HUMPHRIES, *Second Skin, Piece No. 4,* (detail), 2000
Silk, dye, glue
3 x .3 x .3M
(Photo by the artist).

CONCLUSION

The project *Second Skin* has focused on the effect of bandage on the human body. From the findings of the research survey and enquiry into bandage history, I have been able to gain a greater understanding of the nature, identity and metaphorical associations of bandage.

Through the replies to the survey questionnaire, I have endeavoured to learn of people's feelings and thoughts during their bandage experience. Information regarding behaviour, attitudes, concerns and opinions from individuals who have experienced bandage for an extended period was revealed to me.

This has provided a better understanding into the psychological effects that can underlie the physicality of the bandage.

In the final assessment of the random respondents' replies, a general lack of urgency or immediacy was detected in the tone of the responses. This may have been different if I had not been prevented from doing an action research project, encompassing visits to the Fracture Clinic. However, this was not ethically possible. It is apparent that the memory of incidents presented at a time when the trauma had passed generally indicated complacency or a lack of interest in the event. I maintain that this is due to healing and the subject's return to a satisfactory standard of health.

I suspect that for many of us the memory of a traumatic event is easily lost, whereas for others it remains crystal clear, an event that changes the course of our lives.

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APPENDIX A – SURVEY QUESTIONNAIRE

TRUDY HUMPHRIES - PROJECT: SECOND SKIN

What was the need for the bandage?

How did the condition manifest itself?

Did you experience any pain or anxiety due to the injury?

Describe your experience during medical attention.

Did the presence of bandage

a) provide an emotional sense of healing?

b) as a foreign object restrict motor skills or routine activities?

During the time the bandage was on, what do you think was happening to the injured part of your body?

Did people's reactions/ response to you change as a result of your bandage?

Describe your feelings on removal of the bandage.

APPENDIX B – SURVEY LETTER & ETHICS CLEARANCE

4 Stephensdale Drive
Riverside 7250

Ph: 03 63272266

TO WHOM IT MAY CONCERN

I am Trudy Humphries, a post-graduate student of the University of Tasmania, Launceston, planning my final exhibition and exegesis for 2004. My project is called 'Second Skin', and is concerned with difference within the human race – in particular persons who have been long term bandaged. The Ethics Committee of the university has approved my questionnaire, but if there is any question that causes you any trauma please feel obliged to not complete it, and put an X in the space instead. This will allow me to regard your case sympathetically.
I thank you for volunteering your time, and completing the anonymous questionnaire.

Yours sincerely

TRUDY HUMPHRIES

University of Tasmania Research and Development Office

MEMORANDUM

---

to: Prof V McGrath, Performing Arts

from: Chris Hooper, Secretary, Social Sciences Ethics Sub-Committee

date: 6 November 2000

subject: **H6004 Second skin** (Ms T Humphries)

The Social Sciences Ethics Sub-Committee recommended approval of this project on 31/10/2000, *subject to the following conditions:*

Subject are to be restricted to volunteers as follows:
(i) Persons who have already offered to participate;
(ii) Friends of the investigator;
(iii) Persons recruited through advertising on campus and at sports clubs (if the investigator wishes to do this)
(iv) Healthy volunteers (see below) if the investigator wishes to do this.

Attendance at a Fracture Clinic was not approved. These patients are under stress and should not be observed or used for the purposes of this study.

Note: The Sub-Committee commented that the significance of the bandage might be confused with the underlying injury. The investigator might like to consider the following way around this potential difficulty. Healthy subjects (eg friends of the investigator) could be asked if they would wear a bandage for a certain period of time and then report their experiences.

Formal approval will be recommended to the University Human Research Ethics Committee and to Academic Senate.

You are required to report immediately anything which might affect ethical acceptance of the project, including:

- serious or unexpected adverse effects on participants;
- proposed changes in the protocol;
- unforeseen events that might affect continued ethical acceptability of the project.

You are also required to inform the Sub-Committee if the project is discontinued before the expected date of completion, giving the reasons for discontinuation.

Approval is subject to annual review. You will be asked to submit your first report on this project by 31 January 2001.

Chris Hooper

Fax: (03) 62267148 *Telephone: (03) 62262 763* *Email: Chris.Hooper@utas.edu.au*

APPENDIX C – RESPONSES TO QUESTIONNAIRE

SECOND SKIN – QUESTIONNAIRE RESPONSES

PIECE NO. 1

Caused by car accident
Nil Memory of accident
21yrs of age – Unconscious. Wallet stolen.

Painful lower limb.

Pain was the memory
– only thought too I suppose; later felt drowsy from painkilling injections.

Never plastered; just bandaged.
Bandage provided a barrier to the injury; but never believed it was speeding my return to normality.

Restriction of movement caused much time for thought…I thought of a weakened ankle – no circulation to my foot (foot tingled a lot).

People reactions: -helped me, I felt handicapped.
Did I look unable to use my arms to open door?

Felt uneasy on removal of bandage. Cautious, with a limp – then I did feel a handicap – wondered if it was permanent.

Outcome: Friend killed in the same accident.
Permanent limp, a long term reminder – circulation did return.

PIECE NO. 2

Suspect bandage is a natural response to injury or operation.

Pain and anxiety re dancing future.

Bandaged leg seemed longer than the other!
No idea if it was getting better; just hoped.

Hooked to the ceiling it didn't look like a leg.
Activity – Nil.

Dreamed of being glued to the ceiling in a high kick.

People avoided talking of the operation – my leg – or the fact it was sticking up before their very eyes – As if they didn't see – I thought maybe it was a bad dream!

Removal was a surprise – my leg was wasted away – didn't look like a dancing leg – let alone mine.

Summer – my other leg was now suntanned, this one seemed pinkish.

PIECE NO. 3

(This case known of personally).

Burn; wrapped to prevent infection – loose bandage.

Fell into fire.

Instant pain – ongoing.

Swollen; but bandage removed every day, and then reapplied after exercise.

Soreness prevented use.

Bandage off and on for many weeks, healing not speedy.

Felt unprotected (vulnerable) on removal of bandage.

PIECE NO.4

Overnight swelling after hockey game.

Felt larger than a leg!

Swollen – thoughts of it cracking open. Skin tightness.

No bandage – no sense of healing; operation likely later.

Feeling depressed – time passed slowly. (mentally – fragile).

I felt neglected – (no family close).

Bruising colour of swollen area.

PIECE NO. 5

Thought elephantitis was setting in.

PIECE NO.6

Operation.
Bruising, Veins cut – lots of small stitches.

General anaesthetic during operation.

Slept a lot in first 24 hours.

.
Rest the only recovery bugbear.

After 10 years, people still ask why I had so many stitch marks on my legs.

Disappointed at scarring when bandage was removed.

PIECE NO. 7

Burns.

PIECE NO. 8

Spontaneous piece.

PIECE NO. 9.

Burns.

Unconscious for days – not much recollection of incident, or early days of recovery.

Any medical attention to the burns hurt – I cried at the sight of them coming towards me in the hospital ward.
I screamed when touched.

Presence of bandage OK – no movement for a long time – lots of oozing under the special burns bandage.

Didn't feel it was healing.

Nothing felt like it was healing – just throbbing.

I was past caring…

Shock – had not seen in a mirror for a month – My new skin was withered – with hair.

PIECE NO.10

Operation; Fluid retention (Cancer)

Unwell generally.

Anxiety; when will I be normal again.

Long lasting fatigue, ongoing medicals.

Emotionally not given a sense of healing.

Restriction – swollen felt it could explode.

Yes. I looked O.K. in the face. What was my problem?

Immobility still persisted – Not instantly better! (As I'd expected).

Still lots more work to do – fitness-wise due to muscle wasting and fluid –causing bulkiness in limb.

PIECE NO. 11

Accident in the bush.

One Leg.

In hospital.

None.

No

?

Didn't know.

Yes, People talked to me … Asked questions.

Better, mate, better
(I played on it a bit).

PIECE NO. 12

Bush injury – Axe cut.

Shrill noise – second's later trouser filled with wet – it was blood!

Skin grafts to repair area.

Frequently readied – did hurt.

Narr, narr – no sense worrying either.

Restricted by wound cover. Bed sore developed (poor circulation?)

Bandage allowed hygienic healing.

People did care, it was noticeable.

Patchy skin on graft area – although now well weathered skin due to always being in an outside occupation. Not hardly able to notice it now. Lucky devil really.

PIECE NO. 13

Lucky.

Anonymous case as told to me by GP.

History – person schizophrenic; lived in a shed at the back of residence.

Burns case – legs.

Immobile – sat on chair day and night.

Care – Bandaged legs with newspaper held on with safety pins.

Barbed wire around legs to keep beasties away during the night when he/she sat with the door open.

Presented to hospital by ambulance. Unbearable stench – Back door of ambulance open to make presence in vehicle bearable.

PIECE NO. 14

Tendon damage.

Ripped, pain, pins and needles.

Pain woefully strong.

Waited hours; finally got an X-ray.

Slowed me down- couldn't walk
Sure restricted my activities… no walk for the papers, no football.

Thought I could get better 1quicked, No bandage could be seen..

Not a lot better – that's what I thought.

PIECE NO. 15

No memory.

Lumps.

Can't rightly remember.

Can't remember that.

Suppose.

Housebound.

6 – Little memory… except that I was waited on.

7 – Saw fewer people so I don't remember big differences.

Guess I felt good about it…

PIECE NO. 16

Limb felt elongated. Felt remote.

Drugged to the eyeballs for days.

Hated hospital and all about me … I was awful to everyone.

No memory.

No healing was quick, I hated myself!

All was foreign to me.

Suppose something was going on – yeah pain!

Not in hospital, everyone's got something wrong..

Some kids I remember kept looking at me.

Unsure how to do anything – I'd been in bed so long.

PIECE NO. 17

Axe (competition axeman).

Awoke in hospital in bandage – lots of bandage.

Pain; not much to stop it those days.

Fragile – Felt fragile.

Sensed healing was happening.

Restricted – it was a hell of a gash.

Long time bandaged – I hoped it was all growing together & that it was healing – or my insides would fall out!

Had lots of locals to see me; they were all glad I was alive – and so was I. NEVER REMEMBER IT HAPPENING…

PIECE NO. 18

Support for damaged limb.

After the accident, the wound knitted, but the bones shrunk and never really had strength after that. (Bone Grafts).

Pain long-term – even now I still feel it. Maybe it's in my mind.

Operation after operation, felt like a thing, not a person. Bandage was meant to protect while healing took place.

Lots of immobility –
Debilitating; Foot now dead – wish it wasn't there at all.

Below the plaster I imagined a perfect limb was building itself.

I was still me – even during pain.
I always was bad tempered anyway.
Impatient too. Don't think that's changed either.

Disappointment. The skin was scarred – and muscles mutilated and disfigured shape. Not new looking as I'd expected for my pain! Period of my life, I wish I could forget. But I'll never be able to. (Never want anyone to see my leg now. Perhaps in my next life I'll have a better go at life…
Here's hoping!
(Some of the leg looked like a jelly set in plaster bandage mould).

PIECE NO. 19

Hip replacement.

Slow deterioration.

Tons of pain – wished I was dead.

Not been to hospital before. Hated the inability to do things for myself.

Bandage helped. Reinforced the sense of healing, used a stick, too.

Restricted movement and forced exercise (by staff).

Hoped the pain was healing and mending. Had to think that way or I'd never have coped.

People were a bit patronising. I must have looked awkward and pained; and I was.

Unbalanced stance. Would I ever straighten up or was time against me? Could I have been through all this and still be crippled? Would the pain be there forever?

PIECE NO. 20

Got run into by car – not that I remember anything.

The ambulance guys obviously did all that was needed – I know only what I've been told.

Dull pain – maybe the drugs helped.

No memory of medical attention.
Some time is missing – the neck injury, you know.

Bandaged, but why?

Yeah, sure I couldn't do anything but wonder…

What happened under the bandage/plaster was apparently like magic – but it took too long. I'm not maimed – or dead. Could have been.

Couldn't have cared less.

Magic, as I said. Apparently it was touch and go for a while after I got to hospital. Suppose I do have some stiffness in my neck… guesses I'm lucky. I think so.

I did stop breathing in emergency – caused a bit of extra panic, so the nurses told me.

PIECE NO. 21

Pain sometimes; always there were sore spots of swelling if bandaged or not.

PIECE NO. 22

Multiple breaks of elbow area of arm.
MY WEAK SPOT!

Always a little discomfit/swelling; it was X-rayed and always there was another break.

Reinforced with a steel pin when once the break was near that same area previously damaged.

PIECE NO. 23

Felt holey – weak.

PIECE NO. 24

War injury.

Remembered our supply plane unloading parcels – olive coloured army green with cream bindings (Not unlike bodies).

I was to be transported home injured, and bound similarly to our supply parcels! Repatriated, packed…

Do you know of the wrapped war bodies in New Guinea? That's what it was like…
Hot, damp – More breathable air is what I needed.

Dumped onto rough stretcher, every movement hurt – seemed emphasised – seemed miles I was carried on a stretcher.

Had to consider what was beneath bandage because it was me – I had to care for me. Others were busy with new casualties. I was the one who knew the pain.
Bandages that let the air in would have been good. Didn't realise until removal of bandages, that it was me that smelt so bad.

PIECE NO. 25

Female 35-45 yrs. Guess! Married with 3 children.
I broke my leg and had to have it in plaster for 6 weeks.

I slipped while in a hurry and fell badly, thus causing the break. – Spiral fracture of the right fibula.

Yes, it was extremely painful immediately and I was anxious because I feared I had broken my leg.

I was in a great deal of pain but I had to endure a visit to the doctor and then had to have an X-ray and then back to the doctor before it was plastered – no need to reset the break.

Yes, I initially felt that once the plaster was in place I would feel fine, based on observing others in casts but the pain remained for at least 5 days. It did make me feel protected though.

I found this aspect particularly debilitating once the leg began to heal and it was extremely difficult to perform the most mundane task with a broken leg and crutches.

Even though I know the leg was healing, I felt that it was also withering away due to the lack of use and this feeling was enhanced when the swelling went down and the cast began to feel loose.

Yes, they (people) were generally a lot more considerate and helpful although those close to me got used to it in a remarkably short time. I received a lot of sympathy.

Interest in how the leg would look – it actually looked alien and not a part of the rest of my body. Worry that it was not sufficiently healed to have the plaster removed and that I would be unprotected and vulnerable to another injury.
Relief but at the same time I felt a sense of loss also – the plaster had almost become part of me – more so than my leg inside it (to a certain extent).

PIECE NO. 26

Indian sacrificial cloth – ASSAMESE.

Cultural warfare, Tea Wars.

Appease the gods with sacrifice.

Kidnaps carried out for ransom. People vanish…

Necessary measures means murder.

ULFA associated, Pakistani Intelligence ISI.

Civilians targeted for their ethnicity (Biharis).
ULFA killed migrant labourers.
SULFA reformed (Death squad?)government supported.
Fighting terror with terror.

PIECE NO. 27

Fell in rain, near LGH; Wet footpath, slipped on wet metal grate (Telstra).

Missed celebration lunch, busy waiting at hospital.

Looked down – blood to ankle.

Can't look at it!!

She drew what she thought it looked like – her mother confirmed it as fairly accurate.

She let me look at it – she had her eyes closed. Looking upward while removing bandage. She had blue sutures.

(I was invited to take a photo or two. Three taken).

PIECE NO. 28

Female 53 yrs.

Partial amputation of tip of finger.

Chopped it off while chopping pumpkin – it came off with a piece of pumpkin.

Pain? Yes.

Lots of waiting for medical attention. Wound looked disgusting and a bit scary. Relief at it being covered up.

Bandage offered safety, not healing.

Restricted motor skills.

Didn't want to know what was happening beneath the bandage. Felt impatient – wanted healing to be quicker.

Everyone mentioned it.

Relief at bandage coming off. Healing increased when exposed to the air. The bandage started to feel restrictive.

PIECE NO. 29

(This is the same as PIECE NO. 45, different in that it was told to me by the victim – Then later I received a proper response to the questionnaire).

Bleeding; no bandage – Dishcloth as cold-compress (Bag of coffee beans).

Suffered shock – sharp pain.

Reiki – relieved the shock – relaxing, re-assuring.

Dishcloth gave an emotional sense of healing. Reiki massage – metaphoric.

People were concerned; that was the response.

As bandage came off – no visual difference.

Blue & White check dishcloth.

Reflections after on the sensitivity of our heads. Vulnerability of heads.

PIECE NO. 30

Felt filleted. Felt that I was in a straight-jacket.
'Bound in'. 'Corseted'.

Operation – woke up bandages, tubes going everywhere.

Lethargy, pains

Unconscious during medical attention.

Anxiety within bandage – Anxiety to get bandages off.

Not in control – desperate to get out of the straightjacket.

Breathing was a chore!
Nobody told me it would be like this.

Beneath the bandage (the physical body) was an unknown – as to what was happening: I was mentally tormented and restricted in my movement and activity,

Response of others wasn't unexpected, but not many saw it.

Removal of the 'Corset' was a relief initially, but then I felt as though something was missing. A little insecurity re movement – I expected to 'hurt', so protected my every movement.

PIECE NO. 31

Broken Arm – Upper humerus. With my fist on collar bone my arm was bandaged to my body – the break was too high for a plaster cast.

I fell off my pony – I was 10 years old.

Initial pain once the shock had worn off, but not unbearable. No anxiety – I was anticipating some time off school.

Boredom mostly – Waiting for 4 hours in causality – then 2 hours for X-ray. Home Remember how nice the doctors and nurses were.

Comfort. I wasn't emotionally involved with my injury – it was a clean simple break. I knew it would heal O.K.

Eventually – when the novelty wore off.

I didn't really think about it. The Dr said everything was going well & I accepted that.

Initially – curiosity and attention from friends; some coddling from teachers. My parents were pretty matter of fact about it. I was a very independent child anyway.

Glad to be rid of it. The novelty had worn off and I wanted to get back to riding, sport etc. Physiotherapy wasn't considered then, so not even knowing about physio, I practised stretching and working my arm every night to get the muscles back in order. The worst thing about the whole experience was that my mother freaked over the accident and sold my pony. I was very upset over that. I rode friends' ponies, but it was never the same. This was in 1961 (Female).

PIECE NO. 32

(As told to me by 3rd person who was present during injury & medical attention, and several days after; and talked me through the photos).

Surfing injury. Off island Pulau-Sipora, Indonesia.

Pain – Victim touched it – realised how bad it was when he put his fingers in it – Instant blood.

Instant pain.

During medical attention, he was high on adrenalin and rum. (Make-shift operating theatre – the launch).

Restriction to motor skills and routine – limited restriction – BUT no surfing.

Everyone was interested – all on board watched the whole procedure by Dr (?) (Had some medical training).

Euphoria – back to surfing!

PIECE NO. 33

Accident, hospitalised.

Not much memory – just there for a hell of a long time.

Then… I had an out of body experience.

Why? Immobile for months I'd say caused it. Reading all I could probably made my mind overactive.

PIECE NO. 34

Lost finger as a child.

The usual child in hospital activities.

Don't remember much.

After operation to amputate mangled finger, it still felt it was there.
Funny feeling – lots of bandage. Felt like string tight around my finger
–BUT
The finger wasn't there!

Strange, I don't have any other memories…

PIECE NO. 35

Only remember prickling – as in pins and needles.

Uncomfortable , not particularly painful.

Bending sidewards either way can start pains down and up my body. Have to take things easy.

(Victim interviewed while still bandaged).

PIECE NO. 36

Child 9 yrs. old.
Little lump on neck. It grew. It got larger and larger.

Self-conscious.
School peers teased me about it.

Hospital overnight

Stitches

Stiffness in neck for several days. Bandage below ear. Off in a few days, stitches removed by doctor after about a week. Small scar.

A 'wenn', Dr said, 'Just something that happened.'

PIECE NO. 37

Child 6 yrs.
Water hurt in ear; Ear aches.

Patch of eardrum recommended by doctor.

Previous ear trouble, grommets (Common with children) Scar tissue – ear drum didn't heal. Left a hole.

No knowledge of how it would be done.

Surprise at ear cut (around back of ear – leaving attachment of ear by skin hinge at front of ear.
Ear folded forward; hole patched from inside then ear stitched back on! (Like a car door!)

Not bandaged heavily – Just a head strap of gauze and cotton wool wad.

Overnight in hospital. Good outcome.

Swollen face and ear – side of head shaved – Had long hair – took ages to grow back, grew back frizzy.

PIECE NO. 38

Blocked nasal passages; breathing obstructed through nose.
Saw Dr and he recommended a small op.

Agreed and admitted next week as private patient.

Pre-med, drowsy. At the time of operation – unable to know how long or whatever.

Reaction to anaesthetic – violent reactions by me to any attendants (so I was told).
(Normally a passive person).

Headache – wished I was dead. No drug to relieve it.
2 days of continual headache. Couldn't go home – nose swollen but seemed secondary to head pain.

Dr said, 'Unusual' Sure was.
Nose no better – well can breathe – but sense of smell is lessened – well, it's part of taste, too. Intensity of 'bouquet' of wine – diminished.
Anxious now when anaesthetic needed.

Bandage – miles of stained gauze – INSIDE NOSE – saw it come out.

PIECE NO. 39

Brain tumour (Told to me by 3RD person).

Headaches, vomiting, collapse (finally), many tests, close to death when operated on.

Few vague recollections... (during medical attentions).

Basically, just a change of head-gear, bandage wrappings, care, very tender care, time – vague and very real things.

Restricted by recuperation – weak.

People's reactions – O.K.

PIECE NO. 40

Bandage to protect during sport.

Football requirement.

No, but pain while removal of bandage.

Prevention.

No restriction while bandaged, protected.

Aided and protected ankle.

No, but I felt more in control.

Removal of bandage P – A – I – N so I now shave my ankles!!

PIECE NO. 41

Poor eyesight.

Long wait for operation.

One eye fantastic now – the other one usually thought of as best is useless.

No pain – local anaesthetic.

Fun experience shared with others having same treatment.

Eye patch (minor) Sunglasses to alleviate glare for a week.
Fortnight wait for new glasses.

Enthusiasm to see!

PIECE NO. 42

Chest pains, Asthma? No. Urgent heart surgery.

Lost time (in hospital) because of drug treatment.

New life.

Thankful.

Weight loss initially. SUTURE LINES!!! (Observed by me).

Healthy lifestyle in retirement a hope.

PIECE NO. 43

Female. New skin – Shiny like a child.

Flat body (Chest) Breast Cancer.

Swollen arms/ rowing exercise for years.

Bandaged heavily. Feeling as if I still have breasts.

PIECE NO. 44

'Middle age problems' (bleeding).
Hysterectomy (internal) Not evident – non event – but slow recovery, led to bladder problems.

Need for further operation.
Urgent for me! (3 month wait).

Shaved pubic area. Pain on movement – stomach muscles cut.
Horrified!

Large pads over whole of my stomach – Drain, too.

Dozed for several days (guess it was the drugs to immobilize me.

Everything difficult – and pain and soreness, had to be lifted by staff.

Dressings for 5 days (stuck on)
Couldn't lie on my side (normal sleeping position).

Shock at all the stitches – so much for first 'invisible' operation, (done internally).

Zipper-like scar.

PIECE NO. 45

A hammer fell on my head from a height of around one and a half metres. It gave a heavy 'crack' sound and bounced to the floor. I didn't know what had hit my head initially. My first response to this was to turn to religion uttering 'Jesus Christ'. My next response was flight, holding my head despite being pursued by some unknown persons asking could they help me. I escaped into my office, which I found was filled with people. The pain I felt at the impact pf the hammer was equal to the surprise and irritation that it came from the top of the ladder.

The pain was very intense and I was offered a wet cloth for my head which I discovered was the dishcloth and declined it A cold packet of percolated coffee from the fridge was offered to be put on my head next and as this brought laughter I also declined its use. I felt very vulnerable and mortal and realised that my skull was a fragile piece of cartilage and that it could easily be split open. At this point, I did not know what kind of injury I had sustained and if I had concussion – although I strongly suspected that I didn't have it. People asked me questions –

1. Did you see stars?
2. Do you feel nauseous?
3. Do you feel dizzy?
4. Is your vision affected?

A colleague then offered alternative hands on healing, which helped, calm me greatly…
This personal attention was very intense over the whole of my head and made me realise that I was not at death's door. I then took a Panadol with cold water. It was at this point I looked at my hand, which had some blood on it, and touching my head I realised that my hair was matted with blood. Someone suggested putting disinfectant on the wound but none was found in the first aid kit. A bandage didn't seem appropriate to me at the time. The bleeding continued for two hours or so until a scab formed.

PIECE NO. 46 (As relayed by nursing staff)

Burns victim.

Hospital admission Accident & Emergency).

Burns pain extreme (60-80% of body skin affected).

Cutting off of burnt areas – the worst pain.

Months of attention – hospitalisation.

Care.

Slow healing.

Comatose, no visitors.

Plastic sheet cover only over body.

Suit to prevent scarring for 1 year.

New body – 'not mine' or not as remembered.

Long rehabilitation, including physio, Gradual exercise program.
Sensitivity of skin to touch.

PIECE NO. 47

Burns injury.

Unconscious; Regained consciousness – the pain, plastic sheet – no bandages.

Thought my nerve endings were all sensitive.

Unconscious for some medical attention, but main memory is of fast moving activity all about – fluttering (Drug-induced feeling of disassociation).

Bandage aggravation of burns suit

a. Blamed for pain
b. Restricted, pain avoided; as moving (every movement) was beginning of new pain.

'demons pricking me with pins.'

Pity, as if I didn't have enough? (Discomfort).

Expectation of healed surface was manifested: BUT I had continuous felling of pricking and areas of deadness (no feeling)
Out of balance with normal skin feelings. I wondered if it was all imagined.

I was shown photographs of what I looked like – slight resemblance – tattoos…so I know it was me!!

PIECE NO. 48

Immobilised by plaster cast.

Reset of old break.

Thinking time – too long, but there I was – unable to move. Sitting up, I only slept and thought of my situation, consequences, job prospects, etc.,

Time??

PIECE N0 49 (Artist)

Broken leg (serious).

Trunk and legs to be encased in plaster.

'Being cocooned; being entirely protected by an outer shell.'

Beuys used felt and fat (Nomadic Tartars saved his life with these in the Crimean War by wrapping his body.) Autobiographical works by him.

This artist also does autobiographical works – crocheting wrappings.

PIECE NO. 50

Feelings when bandages off – felt skinned

- Weak.

That's about all I remember
Oh, and they expected me to walk…

DID YOU WALK?
Well, yes, but with their help.

PIECE NO. 51

Move on, let the pain go…

PIECE NO. 52

Undone thread by thread.

Much bandage & threads.